

Licensing Rules for Family and Group Child Care Homes

Technical Assistance and Consultation



**Office of Children and Adult Licensing
Department of Human Services
State of Michigan**

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March 2006 changes

R 400.1902(1)(d) Caregiver and child care home family

Cross reference added under technical assistance to R 400.1905(6) Training; CPR.

R 400.1902(1)(e) Caregiver and child care home family

First 3 bullets addressing CPS and first aid were moved to R 400.1902(1)(d).

Bullet added under technical assistance allowing 3 hours of training credit for those applicants who complete “new home rules” training.

R 400.1905(1) Training

Bullet added under technical assistance allowing 3 hours of training credit for current family and group home caregivers who complete “new home rules” training.

R 400.1906(1)(c) Records of caregiving staff and child care home family; record maintenance

Two bullets added under technical assistance addressing TB testing.

R 400.1906(1)(f) Records of caregiving staff and child care home family; record maintenance

Bullet added under technical assistance regarding self certifying statements of assistant caregivers under the age of 18.

Note added indicating that assistant caregivers who are also household members do not need to complete the DHS clearance. OCAL will complete this clearance.

R 400.1918(7) Medication; administrative procedures

The last bullet under technical assistance has been changed; topical, nonprescription medication does not need to be documented on the DHS-1243.

R 400.1921(1) Water hazards and water activities

Bullet added clarifying that the assessment of water hazards is based on the location of the approved play area and accessibility to the water hazard.

R 400.1931(4)(c) Food preparation and service

Bullet added under technical assistance defining infants and toddlers for the purpose of this rule.

R 400.1934(3) Heating; ventilation; lighting

Bullet added to technical assistance clarifying when CO detectors are not required.

R 400.1934(4) Heating; ventilation; lighting

Bullet added under technical assistance addressing radon testing and steps to be taken when radon levels exceed 4 picocuries/liter of air.

R 400.1943(7) Exit and escape requirements for each floor level used by children

Two bullets replaced in technical assistance to clarify what door locks are prohibited.

Maintenance instructions:

- Replace entire **A** section
- Replace page **B-26**
- Replace page **C-5**
- Replace **D-4** through end of section
- Replace page **E-6** through end of section

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R 400.1902 Caregiver and child care home family.

(1) An applicant shall meet all of the following provisions:

- (a) Be 18 years of age or older.
- (b) Have a high school diploma, general educational development (GED) certificate, or equivalent. This subdivision applies only to applicants registered/licensed after the effective date of these rules.
- (c) Reside in the child care home.
- (d) Have proof of valid infant/child/adult cardiopulmonary resuscitation (CPR) and first aid training.

TECHNICAL ASSISTANCE:

- To comply with subrule (b) of this rule, the applicant may sign a self-certifying statement on the application as verification of compliance. In some instances, the applicant may be requested to provide a copy of the high school diploma, GED certificate or equivalent.
- To comply with subrule (d), see R 400.1905 (6).

R 400.1902 Caregiver and child care home family.

(1) An applicant shall meet all of the following provisions:

- (e) Attend an orientation provided by the department.

RATIONALE:

- Assures for the safety and welfare of children by having someone in attendance at all times who is qualified to respond to common injuries or life-threatening emergencies.
- Caregivers often work alone and are solely responsible for the health and safety of children in care. This assures that they have the necessary skills to manage any injury or emergency while also caring for the remaining children in care.

TECHNICAL ASSISTANCE:

- A receipt of payment for the session is not acceptable verification of training attendance or participation. Copies of the cards or a statement on agency letterhead are acceptable verification of training.
- R 400.1905 (6) requires CPR each year and First Aid every three years.
- All family and group home applicants that complete the child care home orientation training will receive *six* clock hours of training.
- *Individuals who attend the 3 hour "new home rules" training provided by area managers will be allowed to count that training to satisfy this rule requiring existing licensees who relocate or change license types to attend an orientation based on the 2006 rules. A full orientation is required if the caregiver's license is closed for any period of time.*

R 400.1902 Caregiver and child care home family.

- (2) An applicant or the caregiver shall be of responsible character and shall be suitable and able to meet the needs of children and provide for their care, supervision, and protection.

RATIONALE:

- Assures for the safety and welfare of children.
- Assures that caregivers exhibit mature, responsible behavior and have the ability to respond appropriately to children's needs.

TECHNICAL ASSISTANCE:

Good Moral Character is assessed on the caregiver using the Good Moral Character Statute (Appendix A of the licensing rule book).

Responsible character means the ability to:

- Distinguish between right and wrong.
- Think and act rationally.
- Be accountable for one's own behavior.
- Be dependable, reliable, and able to pay debts and meet business obligations.

Suitable means the individual:

- Is truthful to the department and the public.
- Does not have a criminal or protective services history, which could affect the safety or welfare of day care children.
- Is capable of making appropriate judgments.
- Is knowledgeable of the developmental needs of children of varying ages.
- Conducts self in a way so that rule requirements are met.

R 400.1902 Caregiver and child care home family.

(3) All persons, including minors, residing in the child care home shall be of good moral character and be suitable to assure the welfare of children.

RATIONALE:

- Assures for the safety and welfare of children.
- Assures that the child care home family models socially acceptable behavior.

TECHNICAL ASSISTANCE:

Per 400.1901(1)(e) Definitions, a child care home family means "all persons, including minors, living, on an ongoing or intermittent basis, in the family or group child care home."

Good moral character is assessed on the caregiver using the GMC Statute (Appendix A of the licensing rule book).

Suitability is assessed on the caregiver and all household members. Suitable means the child care home family:

- Does not have a criminal or CPS history, which could affect the safety or welfare of child care children.
- Is truthful to the department and the public.
- Does not present a risk to the child care children.

When a caregiver becomes licensed as a children's foster home, all foster children placed in that home are considered part of the child care home family.

The caregiver is responsible and accountable for assuring that the foster children will not present a risk to the child care children.

R 400.1903 Caregiver responsibilities.

(1) A caregiver shall be responsible for all of the following provisions:

- (a) Be present in the home on a daily basis and provide direct care and supervision for the majority of time children are in care, except for any of the following circumstances:
 - (i) When the child care home is in operation, vacation or personal leave shall not exceed 20 days within a calendar year.
 - (ii) Medical treatment and subsequent recovery.

RATIONALE:

Provides continuity of care, which allows children and caregiving staff to develop nurturing relationships.

TECHNICAL ASSISTANCE:

- “Majority” means at least 51% of the time childcare is being provided daily. It is allowable for the caregiver to have a short periodic absence from the home.
- The 20 days referenced above means the caregiver is absent the entire day **or** the majority of the day when the child care home is operating.
- A calendar year is defined as January 1 through December 31.

When there is more than one caregiver on the license:

- At least one of the caregivers must provide direct care and supervision 51% of the time, **OR**
- The two caregivers may split the 51% time between them.
- The caregiver can take off more than 20 days per year **if** the child care home is closed. If the home is closed for business, those closed days do not count against the total of 20. Days are only counted against the 20 days if the home is open and child care is provided.

R 400.1903 Caregiver Responsibilities

(1) A caregiver shall be responsible for all of the following provisions:

- (b) The exceptions in subrule (1)(a) of this rule do not include other part-time or full-time employment that occurs during the hours of operation of the child care home.

RATIONALE:

Other employment, which occurs during child care hours of operation, directly impacts continuity of care.

TECHNICAL ASSISTANCE:

Part-time and full-time employment is only allowed during child care hours of operation if the caregiver meets the requirements of subrule (1)(a).

R 400.1903 Caregiver responsibilities.

(1) A caregiver shall be responsible for all of the following provisions:

- (c) Provide an adult assistant caregiver with valid cpr and first aid to act as the caregiver when the caregiver is unable or unavailable to provide direct care.

RATIONALE:

Assures for continuity of care.

R 400.1903 Caregiver responsibilities.

(1) A caregiver shall be responsible for all of the following provisions:

- (d) Shall inform parents when an assistant caregiver is providing care in the absence of the caregiver.

RATIONALE:

Parents have the right to know who is caring for their child in the absence of the caregiver.

TECHNICAL ASSISTANCE:

- Notification to parents must be provided for each absence and may be verbal, in writing or posted in the home easily visible to parents.
- Notification should include the name of the assistant caregiver providing the care.

R 400.1903 Caregiver responsibilities.

(1) A caregiver shall be responsible for all of the following provisions:

- (e) Maintain a record of the dates of caregiver absences and the full names, addresses and telephone numbers of the assistant caregivers. These records shall be maintained for a minimum of 4 years after the last date of the person's involvement with the child care home.

RATIONALE:

- Parents have the right to know who is caring for their child in the absence of the caregiver.
- Maintaining these records provides the department with documentation of the caregiver's frequency and length of absences and information about who is caring for the children during these times.

TECHNICAL ASSISTANCE:

- Information regarding assistant caregivers as referenced in this rule applies to any adult acting in the capacity of the caregiver.

R 400.1903 Caregiver responsibilities.

(1) A caregiver shall be responsible for all of the following provisions:

- (f) Have a written and signed agreement with a responsible person who is 18 years of age or older to provide care and supervision for children during an emergency situation.

RATIONALE:

The caregiver often works alone and is solely responsible for the health and safety of children in care. Another adult in close geographic proximity, available to respond to and assist in an emergency situation assures for the safety and well-being of children and caregiving staff.

TECHNICAL ASSISTANCE:

The caregiver is responsible and accountable for:

- Assuring that an individual is available and in close proximity to the child care home.
- Assuring that the individual is available to assist in an emergency.
- Assuring that the individual has been notified of this arrangement.
- Assuring the emergency person is familiar with the daily operation of the child care, including the location of children's records.
- Training the emergency person to handle emergency situations that may arise in the child care home.
- The responsible adult designated for emergencies is used for emergencies only, not for routine medical or personal appointments, etc., unless the emergency person fulfills the requirements of an assistant caregiver. Refer to R 400.1904(1) for the requirements of an assistant caregiver.

R 400.1903 Caregiver responsibilities.

(1) A caregiver shall be responsible for all of the following provisions:

- (g) Post the current license or certificate of registration in a conspicuous place.

RATIONALE:

Assures parents, staff and visitors that the home is registered/licensed by the department and provides the registration/license effective dates, the approved capacity and the current status of the certificate of registration or license.

TECHNICAL ASSISTANCE:

A conspicuous place means a location where parents, staff and others can easily see it.

R 400.1903 Caregiver responsibilities.

(1) A caregiver shall be responsible for all of the following provisions:

- (h) Report to the department, within 7 working days, any changes in the household composition or when any new or existing member of the household has any of the following:
 - (i) Arrests or convictions.

- (ii) Involvement in substantiated abuse or neglect of children.
- (iii) Court-supervised parole or probation of the caregiver or any member of the household.
- (iv) Been admitted to, or released from, a correctional facility, or hospital, institution, or facility for the treatment of an emotional, mental, or substance abuse problem.

RATIONALE:

- Assures that the department is always informed of all individuals who reside in the child care home.
- Assures for the safety and welfare of children by monitoring the suitability of the child care family.

TECHNICAL ASSISTANCE:

- When a caregiver becomes licensed as a children's foster home, all foster children placed in the home are considered part of the child care home family.
- Any individual, who resides or stays in the home on an intermittent or short-term basis, is considered part of the child care home family. This includes college students that move back home during the summer months.
- The caregiver shall notify the department when foster children placements are made.

R 400.1903 Caregiver responsibilities.

- (1) A caregiver shall be responsible for all of the following provisions:
- (i) Provide the department with a written statement verifying a person's personal fitness to care for, or to be associated with, children for any person who lives in a home or who cares for children and who has been treated on an inpatient or outpatient basis for an emotional, mental, or substance abuse problem during the last 2 years. Such statement shall be obtained from the medical or mental health professional who is directly involved in the treatment plan or the administrative director of the mental hospital or mental institution.

RATIONALE:

- Assures for the safety and welfare of children.
- Assures for an individual's personal fitness and suitability to care for or be around child care children.

TECHNICAL ASSISTANCE:

"Emotional or mental problem" generally refers to a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.

This definition would not normally include individuals with personal problems who are receiving counseling to help cope with death, divorce, job change, etc., or for help with child behavior management skills. If it is or becomes apparent that personal problems are impacting on the care and supervision of children, the department can request a written statement from a mental health professional verifying a person's fitness to care for or be associated with child care children.

This rule also pertains to foster care children living in child care homes. If the foster child is being treated or has been treated during the past two years of placement, a mental health

statement is needed from the professional treating the child. The statement should address the foster child's appropriateness to be with child care children.

R 400.1903 Caregiver responsibilities.

(1) A caregiver shall be responsible for all of the following provisions:

- (j) Shall immediately report to children's protective services any suspected child abuse or neglect.

RATIONALE:

Under the Child Protection Law, Public Act 238 of 1975, child care providers are mandated to report any instance where there is reasonable cause to believe that child abuse, neglect or exploitation may have occurred. Failure to report abuse or neglect is a crime that can result in legal penalties.

TECHNICAL ASSISTANCE:

- Caregiving staff that suspect a child is being abused or neglected, must report the concerns to the local county Children's Protective Services unit. This would include all related and unrelated children whether enrolled or attending the child care facility.
- Caregiving staff should not attempt to conduct their own investigation either before reporting it to CPS or during the CPS investigation. This includes interviewing or discussing the incident with the child.

CONSULTATION:

There are many warning signs that may be indicators of abuse/neglect of children. This list includes only a few of these signs. If a child exhibits one or two of these signs, it does not necessarily mean that the child is being abused. Not all abused children exhibit these signs.

Physical Abuse:

Sores, burns, bruises on body and a reluctance or vagueness about where these originated. Bruises and burns are the most common physical symptoms.

Neglect:

Routinely tired, hungry, or not clean (unwashed clothes, hair and body odor).

Sexual Abuse:

Unusual sexual awareness or behavior. Inappropriate sexual behavior such as kissing on the mouth and/or attempting to insert tongue in your mouth; soreness, redness, chaffing around genitals; persistent sexual play with other children, themselves, toys or pets.

Other signs of possible abuse or neglect include:

- Extremely aggressive and/or passive behavior
- Delays in development
- Fear of parents or adults
- Unusually shy, avoids other children and adults
- Avoids physical contact
- Apt to seek affection from any adult
- Reports of being hurt or abused

R 400.1903 Caregiver responsibilities.

(2) The caregiver shall assure that a child is released only to persons authorized by the parent.

RATIONALE:

Assures for the safety and welfare of children.

TECHNICAL ASSISTANCE:

Unless custody has been established by a court action, one parent may not limit the other from visiting the child or picking the child up from the child care home. The child information card that the enrolling parent signs states "persons other than parent..." The caregiver has no legal right to withhold a child from a parent, unless there has been court action, which limits one parent's right to the child.

CONSULTATION:

Suggestions for identification verification include:

- Picture ID
- Code word agreed to by the parent and the caregiver

R 400.1903 Caregiver responsibilities.

(3) The caregiver shall permit parents of enrolled children to visit anytime during hours of operation.

RATIONALE:

Parent's unrestricted access to the child care home during the hours of operation, allows them to observe the care their children receive.

TECHNICAL ASSISTANCE:

- Unless visitation rights have been established by a court action, one parent may not limit the other from visiting the child or picking the child up from the child care home.
- The child information card that the enrolling parent signs states "persons other than parent..." The caregiver has no legal right to withhold a child from a parent, unless there has been court action, which limits one parent's right to the child.

CONSULTATION:

The following best practices are recommended in dealing with child custody conflicts:

- Maintain the role of the child's advocate.
- Limit any discussion with either parent to the child and the effects the conflict may be having on the child.
- Limit all discussions with the parent to a time when the child is not present.
- Request a copy of the judge's order that establishes custody.
- Do not answer questions regarding the child over the phone.
- If the non-custodial parent wishes to obtain information regarding the child, schedule an appointment and require identification.

R 400.1903 Caregiver responsibilities.

- (4) The caregiver shall cooperate with the department in connection with an inspection or investigation. Cooperation shall include, but not be limited to, both of the following:
- (a) Provide access to the assistant caregivers, all records, and materials, to enable the department to conduct a thorough investigation.
 - (b) Information provided to the department shall be accurate and truthful.

RATIONALE:

Allows the department to:

- Monitor policies, reports, and records required to determine the home's compliance with licensing regulations.
- Investigate complaints.

TECHNICAL ASSISTANCE:

Cooperating with the department in connection with an inspection or investigation means the department representative must be admitted into the home at any time.

R 400.1903 Caregiver responsibilities.

- (5) The caregiver shall assure that all assistant caregivers shall be of good moral character and be suitable to assure the welfare of children.

RATIONALE:

- Assures for the safety and welfare of children.
- Assures that caregivers exhibit mature, responsible behavior and have the ability to respond appropriately to children's needs.

TECHNICAL ASSISTANCE:

Good Moral Character is assessed on the caregiver using the Good Moral Character Statute (Appendix A of the licensing rule book).

Responsible character means the ability to:

- Distinguish between right and wrong.
- Think and act rationally.
- Be accountable for one's own behavior.
- Be dependable, reliable, and able to pay debts and meet business obligations.

Suitable means the individual:

- Is truthful to the department and the public.
- Does not have a criminal or protective services history, which could affect the safety or welfare of day care children.
- Is capable of making appropriate judgments.
- Is knowledgeable of the developmental needs of children of varying ages.
- Conducts self in a way so that rule requirements are met.

CONSULTATION:

The caregiver is responsible for determining the suitability of assistant caregivers.

- Checking references is one way to accomplish this.
- The Michigan State Police Internet Criminal History Access Tool (ICHAT) is available

for criminal record checks. This search does not include federal arrests or criminal records from other states. Go to www.michigan.gov

- Local offices of the Department of Human Services is available to provide assistant caregivers with documentation that they are not listed on the central registry for abuse or neglect of children.

R 400.1903 Caregiver responsibilities.

(6) The caregiver shall have present at all times at least 1 person who can accurately comprehend all of the following information:

- (a) In child care home rules, 1973 PA 116, MCL 722.111, and any additional licensing division communications.
- (b) On child information cards.
- (c) In written directions about the child's care.
- (d) On food, cleaning, and chemical labels that can impact a child's well-being.
- (e) On written medication directions for any given child.
- (f) Needed to effectively implement emergency procedures.

RATIONALE:

Assures for the safety and welfare of children.

TECHNICAL ASSISTANCE:

Refer to R 400.1907(4) regarding children's records being accessible and in a location known to all assistant caregivers.

R 400.1903 Caregiver responsibilities.

(7) The caregiver shall authorize the department to conduct a criminal history and protective service background check to assess the good moral character and suitability of the child care home family.

RATIONALE:

Permits the department to conduct criminal and protective services screening checks of all adults residing in the child care home.

TECHNICAL ASSISTANCE:

Refer to subrule (1)(h) of this rule regarding changes in the household composition and the process for reporting this information to the department.

R 400.1903 Caregiver responsibilities.

(8) The caregiver shall assure that smoking does not occur in the child care home and on the premises while children are in care.

RATIONALE:

- Scientific evidence has linked respiratory health risks to secondhand smoke.
- Infants and young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia, and middle ear infections when common respiratory infections occur.
- Secondhand smoke may also increase the risk of SIDS.

TECHNICAL ASSISTANCE:

Refer to definitions, R 400.1901(1)(s) for a definition of premises.

NOTE: Per P.A. 116 of 1973, as amended, a group child care home, "...shall conspicuously post on the premises a notice which specifies that smoking on the premises is prohibited during the hours of operation..."

CONSULTATION:

Best practice for the family home caregiver is to also post a sign that smoking is prohibited during the hours of operation. However, this is not a requirement of P.A. 116, as amended, for family homes.

R 400.1903 Caregiver responsibilities.

(9) The caregiver shall notify parents if smoking occurs in the child care home and on the premises when children are not in care.

RATIONALE:

- Allows parents to make informed decisions regarding their children's exposure to secondhand smoke.
- Smoking at times when the children are not using the space can trigger asthma, allergies and other health related problems, when the children do use the space.

TECHNICAL ASSISTANCE:

P.A. 116 of 1973, as amended, requires caregivers to give parents notice that smoking occurs or may occur when the home is not in operation.

CONSULTATION:

Best practice is to notify the parents in writing if smoking occurs when the child care home is not in operation.

R 400.1904 Assistant caregivers.

(1) An assistant caregiver shall meet all of the following requirements:

- (a) Be 14 years of age or older.
- (b) An assistant caregiver under 18 years of age shall always work under the supervision of the caregiver or adult assistant caregiver at the site where care is being provided.

TECHNICAL ASSISTANCE:

Family and group home licenses are issued for 24/7, regardless of the hours of operation. All child care, including "babysitting", must comply with all of the licensing rules.

OCAL 3900 – *Child In Care Statement Form* is used to document parental permission when using an assistant caregiver that is 14 – 17 years of age.

R 400.1904 Assistant caregivers.

(1) An assistant caregiver shall meet all of the following requirements:

- (c) Have proof of valid infant/child/adult cpr and first aid training within 90 days of hire.

RATIONALE:

- Assures for the safety and welfare of children by having someone in attendance at all times who is qualified to respond to common life-threatening emergencies.
- Assistant caregivers sometimes work alone and are solely responsible for the health and safety of children in care. This assures that they have the necessary skills to manage any emergency while also caring for the remaining children in care.

TECHNICAL ASSISTANCE:

- Infant/child CPR covers children less than 9 years of age.
- Adult CPR covers children 9 years of age and older.
- First Aid/CPR training must be received from a person certified as a Red Cross instructor or a trainer approved by the department. (See the Agency's web site for current list of approved providers).
- **Refer to R 400.1905 (6), which defines valid.**

NOTE: A receipt of payment for the session is not acceptable verification of training attendance or participation. Copies of the cards or a statement on agency letterhead are acceptable verification of training.

R 400.1904 Assistant caregivers.

(1) An assistant caregiver shall meet all of the following requirements:

- (d) Be of responsible character, suitable, and able to meet the needs of children and provide for their care, supervision, and protection.

RATIONALE:

- Assures for the safety and welfare of children.
- Assures that assistant caregivers exhibit mature, responsible behavior and have the ability to respond appropriately to children's needs.

TECHNICAL ASSISTANCE:

Responsible character means the ability to:

- Distinguish between right and wrong.
- Think and act rationally.
- Be accountable for one's own behavior.
- Be dependable, reliable, and able to pay debts or meet business obligations.

Suitable means the individual:

- Is truthful to the department and the public.
- Does not have a criminal or protective services history, which could affect the safety or welfare of child care children.
- Is capable of making appropriate judgments.
- Is knowledgeable of the developmental needs of children of varying ages.
- Conducts self in a way so that rule requirements are met.

The caregiver is responsible and accountable for assuring the assistant caregiver is:

- Familiar with the daily operation of the child care home, including the location of children's records.
- Trained to handle emergency situations that may arise in the child care home.

Refer to R 400.1906(1)(e)(f) regarding required documentation for subrule (d) of this rule.

CONSULTATION:

Ways to determine the suitability of assistant caregivers, in addition to the requirements of R 400.1906(1)(e)(f), include:

- Checking references.
- Having the individual submit to a criminal history check through a law enforcement agency.
- The Michigan State Police Internet Criminal History Access Tool (ICHAT) is available for criminal record checks. This search does not include federal arrests or criminal records from other states. Go to www.michigan.gov
- Having the individual complete and sign a statement as to whether he/she has been convicted of any crimes, other than a minor traffic violation, and if so, provide information about the conviction.

R 400.1904 Assistant Caregivers

(2) An adult assistant caregiver, 18 years of age or older, may substitute for the caregiver in accordance with R 400.1903(1)(c).

R 400.1905 Training.

(1) The caregiver shall complete not less than 10 clock hours of training each year related to child development, program planning, and administrative management for a child care business, not including CPR and first aid training.

RATIONALE:

- Improves the quality of care; caregivers who are trained are better able to prevent, recognize and correct health and safety problems and promote children's healthy development.
- Assures the caregivers are challenged, stimulated and have access to current knowledge.
- Assures the continued development of the knowledge and needed skills through ongoing training.
- Assures the caregiver receives ongoing training related to the functions and responsibilities of their role as a caregiver.

TECHNICAL ASSISTANCE:

Training topics may include but are not limited to:

- Child development – language, social, emotional, physical, intellectual.
- Programming for various age groups – e.g., math, science, dramatic play, art.
- Managing children's behavior.
- Health and safety.
- Nutrition for young children.
- Caring for children with special needs.
- Make It – Take It workshops on games and toys.
- All family and group home applicants that complete the child care home orientation training will receive *six* clock hours of training.
- *All current family and group home caregivers will receive 3 hours of training for attending the "new home rules" training provided by area managers.*
- All caregivers may receive one clock hour of training per year if they participate in one of the child care food programs. This will require written documentation from the food program representative that at least three visits were conducted per year in order for credit to be given.
- Caregivers should maintain documentation of their participation in training that includes the date, time, number of hours, location, trainer/sponsor and training topic.

NOTE: 50 to 60 minutes = 1 clock hour of training.

OCAL 4590 – *Training Record Form* may be used to document training received.

CONSULTATION:

Refer to R 400.1905(4) for training resources.

R 400.1905 Training.

- (2) Each assistant caregiver shall complete not less than 5 clock hours of training each year related to child development and caring for children, not including CPR and first aid training.

RATIONALE:

- Improves the quality of care; assistant caregivers who are trained are better able to prevent, recognize and correct health and safety problems and promote children's healthy development.
- Assures that assistant caregivers are challenged, stimulated and have access to current knowledge.
- Ongoing training assures the continued development of the knowledge and skills needed.
- Assures assistant caregivers receive ongoing training related to the functions and responsibilities of their role.

TECHNICAL ASSISTANCE:

Training topics may include but are not limited to:

- Child development – language, social, emotional, physical, intellectual.
- Programming for various age groups – e.g., math, science, dramatic play, and art.
- Managing children's behavior.
- Health and safety.
- Nutrition for young children.
- Caring for children with special needs.
- Make It – Take It workshops on games and toys.
- Assistant caregivers should maintain documentation of their participation in training that includes the date, time, number of hours, location, trainer/sponsor and training topic.
- All caregivers should maintain copies of this documentation on file in the child care home for review by the licensing consultant.

Caregivers can provide training for their assistant caregivers; however, this training may not be counted towards the caregiver's own annual training requirements.

NOTE: 50 to 60 minutes = 1 clock hour of training.

OCAL 4590 – *Training Record Form* may be used to document training received.

CONSULTATION:

Refer to R 400.1905(4) for training resources.

R 400.1905 Training.

- (3) The caregiver shall assure that assistant caregivers have training that includes information regarding sudden infant death syndrome and shaken baby syndrome.

RATIONALE:

Assures for the safety and well-being of young children by educating caregiving staff about safe sleep practices and the physical hazards associated with shaking a baby.

CONSULTATION:

Training resources include but are not limited to:

- OCAL offices
- OCAL *Child Care in Michigan* CD.
- Local hospitals, health departments and libraries.
- On-line web sites.
- Local 4C offices.

Refer to subrule (4) of this rule for resource websites.

R 400.1905 Training.

- (4) Training hours may include participation in any of the following:
- (a) Sessions offered by community groups, faith-based organizations, and child care home associations.
 - (b) Trainings, workshops, seminars, and conferences on early childhood, child development or child care administration, and practices offered by early childhood organizations.
 - (c) Workshops and courses offered by local or intermediate school districts, colleges, and universities.
 - (d) Online courses.

RATIONALE:

Provides caregiving staff with a wide variety of training options.

TECHNICAL ASSISTANCE:

- Training sessions provided by licensing consultants and other professionals are acceptable, as are staff meetings.
- **Refer to subrule (5) of this rule regarding verification of training.**

CONSULTATION:

Training opportunities are available through a variety of sources including but not limited to:

- Department of Human Services – www.michigan.gov/dhs
- Michigan Community Coordinated Child Care (4C) and Regional 4C offices – www.mi4c.org
- Michigan Association for the Education of Young Children – www.miaeyc.org
- Michigan Providers' Alliance – www.mpamich.com

- National Association for Family Child Care – www.nafcc.org
- Michigan Health Department – www.michigan.gov/mdch
- Michigan Department of Education – www.michigan.gov/mde
- Michigan Association for Infant Mental Health – www.mi-aimh.msu.edu

R 400.1905 Training.

(5) Verification of participation in the required training, signed by the trainer or an authorized individual, shall be kept on file.

RATIONALE:

Provides proof of meeting the annual training requirements of subrules (1) and (2) of this rule.

TECHNICAL ASSISTANCE:

The caregiver is responsible for obtaining the documentation to verify attendance at the training. The documentation must include the topic, the date, the length of the session and the trainer's signature.

Acceptable verification may include:

- Certificate signed by the trainer
- Signed statement by the trainer
- Signed program booklets/flyers
- College transcript or CEU certificate

NOTE: A receipt of payment for the session is not acceptable verification of training attendance or participation.

CONSULTATION:

Centers are encouraged to store inactive files on staff separately from active files.

R 400.1905 Training.

(6) CPR and first aid training shall be maintained in the following manner:

- (a) Each year for CPR.
- (b) Every 36 months for first aid.

RATIONALE:

To ensure the health and safety of children, it is essential that all caregiving staff maintain their skills by renewing their certifications.

TECHNICAL ASSISTANCE:

- Infant/child CPR covers children less than 9 years of age.
- Adult CPR covers children 9 years of age and older.
- First Aid/CPR training must be received from a person certified as a Red Cross instructor or a trainer approved by the Department. (See the Department's web site for a current list of approved providers).

R 400.1906 Records of Caregiving staff and child care home family; record maintenance.

(1) The caregiver shall maintain a file for the caregiver and each assistant caregiver including all of the following:

- (a) The name, address, and telephone number.
- (b) A statement signed by a licensed physician or his or her designee and which attests to the individual's mental and physical health.
 - (i) For the caregiver, within 1 year before the issuance of the certificate of registration or initial license and at the time of subsequent renewals.
 - (ii) For the assistant caregivers, within 1 year prior to caring for children and at the time of subsequent renewals.

RATIONALE:

Assures that caregiving staff are physically, mentally and emotionally able to provide appropriate care and supervision of children and to promote children's healthy development.

TECHNICAL ASSISTANCE:

Physician evaluations are acceptable from the following:

- A licensed M.D.
- A licensed D.O.
- A designee, which includes a physician assistant, nurse practitioner or nurse.

When a designee signs the evaluation, a physician's signature or stamp is not required on the form. If there is a question as to the validity of the document, the licensing consultant will contact the physician's office to verify its authenticity.

NOTE: When the first renewal is conducted within 1 year of the initial licensure, an updated physical may not be required.

OCAL 3704 -- *Licensing Medical Request Form* may be used to document the medical information.

R 400.1906 Records of Caregiving staff and child care home family; record maintenance.

- (1) The caregiver shall maintain a file for the caregiver and each assistant caregiver including all of the following:
- (c) Written evidence of freedom from communicable tuberculosis (TB):
 - (i) For the caregiver, before issuance of the certificate of registration or initial license.
 - (ii) For the assistant caregivers, prior to caring for children.

RATIONALE:

- Assures for the health and welfare of all caregiving staff, child care home family members, children and parents.
- According to the Michigan Department of Community Health, caregiving staff are not considered to be persons at a higher risk for exposure to or infection with TB, so serial testing is not recommended. Regular health care monitoring which includes a review of risk factors associated with TB will suffice.

TECHNICAL ASSISTANCE:

- Documentation of a negative TB test must be verified by a health professional.
- Chest x-rays are acceptable in lieu of TB skin tests. However, if the chest x-ray is more than a year old, but less than three years old, a doctor's statement is required. The doctor's statement must indicate the individual is free from communicable TB and another chest x-ray is not advisable.
- Doctors often advise pregnant women not to have a TB skin test or chest x-ray. In this case, the applicant/caregiver must submit a doctor's statement verifying this. The TB test will be required as soon as medically safe after delivery.
- *If a current caregiver relocates or changes license type, a new TB test is not required*
- *An updated TB test is required if the caregivers license is closed for any period of time.*

CONSULTATION

According to the Michigan Department of Community Health, persons considered to be a higher risk for exposure to or infection with TB include:

- Close contact of a person known or suspected to have TB
- Foreign born persons from areas where TB is common
- Residents and employees of high risk congregant settings such as jails and prisons
- Health care workers who serve high risk clients
- Medically underserved low income populations
- High risk racial ethnic populations
- Children exposed to adults in high risk categories
- Persons who inject illegal drugs

R 400.1906 Records of caregiving staff and child care home family; record maintenance.

- (1) The caregiver shall maintain a file for each caregiver and assistant caregiver including all of the following:
- (d) Training records, as defined in R 400.1905(5).
 - (e) A statement signed by each assistant caregiver that he or she has not been convicted of either of the following:
 - (i) Child abuse or child neglect.
 - (ii) A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire.
 - (f) Documentation from the department of human services that the assistant caregiver has not been involved in substantiated child abuse or neglect.
 - (g) A written statement signed and dated by the assistant caregiver at the time of hiring indicating all of the following information:
 - (i) The individual is aware that abuse and neglect of children is unlawful.
 - (ii) The individual knows that he or she is mandated by law to report child abuse and neglect.
 - (iii) The individual has received a copy of the discipline policy.

TECHNICAL ASSISTANCE:

- Under the Child Protection Law, Public Act 238 of 1975, child care providers are mandated to report any instance where there is reasonable cause to believe that child abuse, neglect or exploitation may have occurred. Failure to report abuse or neglect is a crime that can result in legal penalties.
- To obtain the document regarding substantiated abuse or neglect on an assistant caregiver, that individual must go to the local Department of Human Services *in the county in which they reside*. That individual must request documentation that his/her name is not on the states central registry for abuse or neglect of children.
- *A self-certifying statement confirming compliance with sub rule (f) is required for any assistant caregiver under the age of 18.*
- Regarding subrules (e) and (g) of this rule, the department does not provide a form for documenting this information. The caregiver is responsible for obtaining a signed statement, which specifically addresses each subrule.
- Assures that all caregiving staff know the policy for discipline.

Note: *Assistant caregivers who are also household members do not need to request a DHS clearance be competed. This clearance is completed by OCAL.*

R 400.1906 Records of caregiving staff and child care home family; record maintenance.

(2) Child care home family members 14 years of age or older shall have written evidence of freedom from communicable TB.

RATIONALE:

- Assures for the health and welfare of all caregiving staff, child care home family members, children and parents.
- According to the Michigan Department of Community Health, caregiving staff are not considered to be persons at a higher risk for exposure to or infection with TB, so serial testing is not recommended. Regular health care monitoring which includes a review of risk factors associated with TB will suffice.

TECHNICAL ASSISTANCE:

- Per 400.1901(1)(c) Definitions, a child care home family means, "all persons, including minors, living on an ongoing or intermittent basis, in the family or group child care home."
- Chest x-rays are acceptable in lieu of TB skin tests. However, if the chest x-ray is more than a year old, but less than three years old, a doctor's statement is required. The doctor's statement must indicate the individual is free from communicable TB and another chest x-ray is not advisable.
- Doctors often advise pregnant women not to have a TB skin test or chest x-ray. In this case, the applicant/caregiver must submit a doctor's statement verifying this. The TB test would be required as soon as medically safe after delivery.

R 400.1906 Records of caregiving staff and child care home family; record maintenance.

(3) If immunizations, as recommended by the department of community health, have not been given or completed for all minors who live in the home, then the caregiver shall inform the parent of each child in care and all assistant caregivers.

R 400.1906 Records of caregiving staff and child care home family; record maintenance.

(4) The records in this rule shall be retained for the duration of employment and a minimum of 4 years thereafter.

RATIONALE:

- The department may need past records when conducting a complaint investigation.
- Past records may assist the home in resolving licensing issues.

CONSULTATION:

Homes are encouraged to store inactive files on staff separately from active files.

R 400.1907 Children's records.

(1) At the time of initial attendance, the caregiver shall obtain the following documents:

- (a) A completed child information card on a form provided by the department or a comparable substitute approved by the department.

RATIONALE:

Assures the caregiving staff have contact and medical information for each child.

TECHNICAL ASSISTANCE:

The caregiver is responsible and accountable for:

- Assuring that the Child Information Card (OCAL-3731) provided by the Department or a comparable substitute is used.
- Assuring that the child information is accurate and complete.

NOTE: The rule does not require the form to be notarized. However, check with your local hospital as some do require the card to be notarized prior to seeking treatment for a child.

R 400.1907 Children's records.

(1) At the time of initial attendance, the caregiver shall obtain the following documents:

- (b) A child in care statement/receipt using a form provided by the department and signed by the parent certifying the following:
 - (i) Receipt of a written discipline policy.
 - (ii) Condition of the child's health.
 - (iii) Receipt of a copy of the family and group child care home rules.
 - (iv) Agreement as to who will provide food for the child.
 - (v) Acknowledgement that the assistant caregiver is 14 to 17 years of age, if applicable.
 - (vi) Acknowledgement that firearms are on the premises, if applicable.

TECHNICAL ASSISTANCE:

OCAL 3900 – *Child in Care Statement Form* may be used to document this information.

R 400.1907 Children's records.

(1) At the time of initial attendance, the caregiver shall obtain the following documents:

- (c) Documentation that immunizations and boosters, as recommended by the department of community health, are any of the following:
 - (i) Have been completed.
 - (ii) Are in progress.
 - (iii) Are not being administered due to religious, medical, or other reasons based on a waiver signed by the parent.

RATIONALE:

- Routine immunization at the appropriate age is the best means of preventing vaccine-preventable diseases.
- Parents should maintain their child's immunization status according to the nationally

recommended schedule to avoid potential exposure of other children in the facility to vaccine-preventable disease.

TECHNICAL ASSISTANCE:

Refer to subrule (2) of this rule, which requires these records to be updated annually or as information changes.

OCAL 3900 – *Child in Care Statement Form* may be used to document this information.

R 400.1907 Children's records.

(1) At the time of initial attendance, the caregiver shall obtain the following documents:

- (d) If a parent objects to emergency medical treatment on religious grounds, the parent shall provide a signed statement that he or she assumes responsibility for all emergency care.

RATIONALE:

- Assures for the well being of children.
- The health and safety of individual children requires that information regarding each child in care be kept and made available on a need-to-know basis.

TECHNICAL ASSISTANCE:

OCAL 3900—*Child In Care Statement Form* may be used to record the information required by this rule.

R 400.1907 Children's records.

(2) Records in subrule (1) of this rule shall be reviewed and updated annually or when information changes.

RATIONALE:

Assures that caregiving staff have current and accurate information.

TECHNICAL ASSISTANCE:

- If no changes have taken place within the preceding year, Child Information Cards can be updated annually by parents initialing and dating them.

R 400.1907 Children's records.

(3) Daily attendance records of children in care shall be maintained and shall include the child's name and the time of arrival and departure.

RATIONALE:

Assures that the caregiving staff know which children are in care at any given time. It assists in the overseeing of child and caregiver ratios. Attendance records are necessary in conducting complaint investigations.

TECHNICAL ASSISTANCE:

- Whether the caregiving staff or the parents sign children in and out, it is the caregiver's responsibility to ensure attendance is accurately documented.
- **Refer to subrule (5) of this rule regarding attendance record retention.**

CONSULTATION:

It is acceptable for caregiving staff or the parents to sign children in and out.

R 400.1907 Children's records.

- (4) Children's records required by the department shall be accessible and stored in a location known to all assistant caregivers.

RATIONALE:

This assures that children's information can be readily accessed in the absence of the caregiver.

TECHNICAL ASSISTANCE:

Refer to subrule (1) of this rule and R 400.1918(1) for those children's records that are required by the department.

CONSULTATION:

Information on children that is not required by the department may be kept in a separate file.

R 400.1907 Children's records.

- (5) The records in this rule shall be retained for a minimum of 4 years.

RATIONALE:

- The department may need past records when conducting a complaint investigation.
- Past records may assist the home in resolving licensing issues.

CONSULTATION:

Homes are encouraged to store inactive files separately from active files.

R 400.1908 Capacity.

- (1) The family child care registrant shall assure that the actual number of unrelated children in care at any 1 time does not exceed the number of children for which the home is registered, not to exceed a total of 6.

RATIONALE:

- P.A. 116 of 1973, as amended is the state law that defines a family child care home as a home that cares for one or fewer than seven unrelated children at any one time.
- Assures for the safety and welfare of children.
- Assures that appropriate care and supervision can be provided to all children.

TECHNICAL ASSISTANCE:

This rule is not subject to a variance because a variance cannot be granted to the law.

NOTE: Visiting children who are less than 7 years of age will be counted in the caregiving staff to child ratio as per R 400.1910 (1), unless accompanied by an adult.

CONSULTATION:

Capacity and caregiver/child ratio are two separate issues. Capacity relates only to the number of unrelated children in care at any one time.

The following best practices are recommended:

- Enroll children carefully so there is no overlapping of schedules that exceed the capacity of the certificate of registration.
- Inform parents that a back up care plan is necessary when parents are not able to drop off or pick up their children at the agreed upon time.
- A written policy, distributed to parents, regarding attendance and the necessity to follow the agreed upon schedule for drop-off and pick-up times, may prevent misunderstandings and conflicts.

R 400.1908 Capacity.

(2) The group child care licensee shall assure that the actual number of unrelated children in care at any 1 time does not exceed the number of children for which the home is licensed, not to exceed a total of 12.

RATIONALE:

- P.A. 116 of 1973, as amended is the state law that defines a family child care home as a home that cares for one or fewer than seven unrelated children at any one time.
- Assures for the safety and welfare of children.
- Assures that appropriate care and supervision can be provided to all children.

TECHNICAL ASSISTANCE:

This rule is not subject to a variance because a variance cannot be granted to the law

NOTE: Visiting children who are less than 7 years of age will be counted in the caregiving staff to child ratio as per R 400.1910 (1), unless accompanied by an adult.

CONSULTATION:

Capacity and caregiver/child ratio are two separate issues. Capacity relates only to the number of unrelated children in care at any one time.

The following best practices are recommended:

- Enroll children carefully so there is no overlapping of schedules that exceed the capacity of the certificate of registration.
- Inform parents that a back up care plan is necessary when parents are not able to drop off or pick up their children at the agreed upon time.
- A written policy, distributed to parents, regarding attendance and the necessity to follow the agreed upon schedule for drop-off and pick-up times, may prevent misunderstandings and conflicts.

R 400.1908 Capacity.

(3) This rule is not subject to the variance specified in R 400.1963.

R 400.1909 Concurrent licensing.

- (1) The caregiver who is concurrently licensed as a children's foster home provider shall so inform the parents of the children in care.

CONSULTATION:

Best practice is to provide this information to parents in writing and obtain parental signatures as receipt of this information.

R 400.1909 Concurrent licensing.

- (2) The caregiver who provides care for both child care and foster care children shall not care for more than 8 children, including all of the following:
- (a) Children who are under 17 years of age and who are related to the caregiver by blood, marriage, adoption, or legal guardianship.
 - (b) The capacity of foster children identified on the foster care license.
 - (c) All other children who are cared for on a part-time or full-time basis.

TECHNICAL ASSISTANCE:

A caregiver may care for no more than 8 children at any one time with dual licenses. The 8 children counted in this total include all of the following:

- Related children under the age of 17.
- Number of children shown on your foster care license.
- Number of day care children.

To determine the capacity of the family or group child care home if also licensed to provide foster care:

- Add up the number of related children under 17 years of age.
- Add the number of children shown on the foster care license.
- Subtract that number from 8.
- If there is a remainder this is the number of child care children for whom you may provide care.

The capacity of the certificate of registration/license may need to be reduced.

- Example A: There are 2 related children (under 17) and the caregiver is licensed for 2 foster care children. A certificate of registration may be issued for a maximum of 4 children if the caregiver is in compliance with all other rule requirements.
- Example B: There are no related children and the caregiver is licensed for 1 foster care child. A license may be issued for a maximum of 7 children if the caregiver is in compliance with all other rule requirements.

R 400.1909 Concurrent licensing.

(3) The caregiver shall notify the department when applying for a foster care license.

RATIONALE:

Assures the department is aware of potential changes in the composition of the child care home.

TECHNICAL ASSISTANCE:

The "department" refers to the Division of Child Day Care Licensing.

R 400.1910 Ratio of caregiving staff to children.

(1) The ratio of caregiving staff to children present in the home at any 1 time shall be not less than 1 caregiving staff person to 6 children. The ratio shall include all unrelated children in care and any of the following children who are less than 7 years of age:

- (a) Children of the caregiver.
- (b) Children of the assistant caregiver.
- (c) Children related to any member of the child care home family by blood, marriage, or adoption.

RATIONALE:

- Assures that appropriate care and supervision is provided to all children.
- Assures for the safety and welfare of all children.
- Although caregiving staff to child ratios alone do not predict the quality of care, direct warm social interaction between adults and children is more common and more likely with lower caregiving staff to child ratios.

TECHNICAL ASSISTANCE:

- Ratio is determined by the number of children per caregiving staff.
- "Related" is defined as a child related to the caregiver/adult household member that is a parent, grandparent, brother, sister, stepparent, stepsister, stepbrother, uncle, aunt, cousin (second), great aunt, great uncle, or step grandparent related by marriage, blood, or adoption. "Cousin" is defined as the relationship between the caregiver and the child in care.
- The caregiving staff's own children under 7 years of age are not included in the ratio if a spouse or other person is home and supervising these children. Foster care children are treated as the caregiver's own children.
- The overlapping of children's schedules, which puts the number of children above the licensed capacity, is not permitted at any time.

Visiting children, 7 years of age and older, (friends of the caregiver's children, neighborhood children, etc.) are not counted in the license capacity or ratio as long as:

- They do not require direct care and supervision.
- The children's parents or other responsible person are at home and immediately available should the children need to be sent home.
- They are not interfering in any way with the care and supervision of the child care children or taking away from adequate space and equipment.

CONSULTATION:

The following best practices are recommended:

- Enroll children carefully so there is no overlapping of schedules that exceeds the license capacity.
- Inform parents that the license capacity of the child care home does not allow for the overlapping of children's schedules that exceeds the license capacity.
- Inform parents that a back up care plan is necessary when parents are not able to drop off or pick up their children at the agreed upon time.
- A written policy, distributed to parents, regarding attendance and the necessity to follow the agreed upon schedule for drop-off and pick-up times, may prevent misunderstandings and conflicts.

R 400.1910 Ratio of caregiving staff to children.

(2) For each caregiving staff person, not more than 4 children shall be under the age of 30 months, with not more than 2 of the 4 children under the age of 18 months.

RATIONALE:

- Low caregiving staff/child ratios are most critical for infants and toddlers.
- Assures that appropriate care and supervision is provided to all children.
- Assures for the safety and welfare of all children.
- Although caregiving staff to child ratios alone do not predict the quality of care, direct warm social interaction between adults and children is more common and more likely with lower caregiving staff to child ratios.

CONSULTATION:

The following best practices are recommended:

- Know each child's birthday/age.
- Enroll children carefully to assure compliance.

Capacity and the caregiving staff to child ratio are two separate issues. Ratio is determined by the number of children per each caregiving staff person.

The caregiving staff's own children under 7 years of age are not included in the ratio if a spouse or other person is home and supervising these children. Foster care children are treated as the caregiver's own children.

R 400.1911 Supervision.

(1) The caregiver shall assure appropriate care and supervision of children at all times.

RATIONALE:

- Supervision is basic to the prevention of harm.
- Assures for the safety and well being of children.
- Assures children's basic needs are being met.

TECHNICAL ASSISTANCE:

The caregiver is responsible and accountable for:

- Maintaining the required caregiver to child ratios.
- Providing a program that meets the developmental needs of all children in care.
- Using reasonable judgment when caring for children.
- Being close enough to the children to provide for their safety.
- Assure that lighting in the napping area is sufficient to observe the children at all times.
- Everything that goes on in the home, including those times when children are left in the care of an assistant caregiver.

The following factors should be considered in determining the appropriate level of supervision:

- | | |
|---------------------------|-------------------------------------|
| • Ages of Children | • Number of Children |
| • Activities taking place | • Special needs of children |
| • Areas being used | • Field trips |
| • Water activities | • Developmental needs of each child |
| • Outdoor hazards | |

Direct supervision is the preferred means of supervision. Individual judgment, as to the use of appropriate DIRECT and INDIRECT supervision, depends on circumstances unique to each home and child. Effective monitoring of children must occur at all times regardless of whether direct or indirect supervision is being used.

DIRECT SUPERVISION means the caregiving staff are:

- In the same area as the children (i.e., single room, adjoining rooms);
- Immediately available to them;
- Directly overseeing their activities;
- Interacting with them.

INDIRECT SUPERVISION means the caregiving staff are:

- Overseeing the children's activity from another area;
- Aware of the activity the children are involved in;
- Providing regular, periodic direct supervision of children.

SITUATION	BIRTH to 2 1/2 YEARS	2 1/2-5 YEARS	SCHOOL-AGE
INSIDE/AWAKE	DIRECT	INDIRECT	INDIRECT
INSIDE/ASLEEP	INDIRECT	INDIRECT	INDIRECT
BASEMENT/AWAKE	DIRECT	DIRECT	INDIRECT ¹
BASEMENT/ASLEEP	DIRECT	DIRECT	DIRECT
OUTSIDE	DIRECT	DIRECT ²	INDIRECT ³

¹ School age children may play in an approved basement use area with indirect supervision provided they are able to demonstrate they can readily open and exit through the door or exit window without assistance.

² For children 2 1/2-5 years, indirect supervision may be used providing the outside area is fenced, free of hazards, and immediately adjacent to the area.

³ School age children may go down the block to a nearby playground, bike in the immediate neighborhood or wait at a bus stop with written parental permission specifying:

- Clear boundaries for the children's travels and
- Time frames for checking out and checking back in.

Children, parents and the caregiver should have an understanding of the safety of the neighborhood.

Visiting children of all ages (friends of the caregiver's children, neighborhood children, etc.) can present supervisory issues. The caregiving staff need to assure that:

The visiting children do not require direct care and supervision.

The parents of the visiting children are at home and immediately available, should the children need to be sent home.

The visiting children are not interfering in any way with the care and supervision of the child care children or taking away from adequate space and equipment.

NOTE: Visiting children who are less than 7 years of age will be counted in the caregiving staff to child ratio, per R 400.1910 (1), unless accompanied by a parent or other adult who is responsible for them.

CONSULTATION:

The following publications are available on the department's website.

OCAL Pub 687--Keeping Track at all Times: Preventing Lost Children

OCAL Pub 688—Biting: What Can I Do To Stop It

OCAL Pub 685--Animals and Children: Friends or Foes

OCAL Pub 689--Fussy Baby

R 400.1911 Supervision.

(2) A caregiver or adult assistant caregiver shall be present in the home at all times when children are in care.

RATIONALE:

- Supervision is basic to the prevention of harm.
- Assures for the safety and well being of children and assures their basic needs are being met.

TECHNICAL ASSISTANCE:

Refer to subrule (1) of this rule for the requirements regarding appropriate care and supervision.

R 400.1911 Supervision.

(3) Caregiving staff shall be up and awake at all times when children are in care except as provided in R 400.1922 (2) of these rules.

RATIONALE:

- Supervision is basic to the prevention of harm.
- Assures for the safety and well being of children and assures their basic needs are being met.

TECHNICAL ASSISTANCE:

If there is an appropriate number of awake caregiving staff supervising the children, a caregiver may rest or sleep. Refer to R 400.1910 regarding the requirements.

R 400.1911 Supervision.

(4) Caregiving staff shall know the location of each child at all times.

RATIONALE:

- Supervision is basic to the prevention of harm.
- Assures for the safety and well being of children and assures their basic needs are being met.

TECHNICAL ASSISTANCE:

Refer to subrule (1) of this rule for the requirements regarding appropriate care and supervision.

CONSULTATION:

OCAL Pub 687 -- *Keeping Track at All Times: Preventing Lost Children* is available on the department's website.

R 400.1911 Supervision.

(5) Caregiving staff shall never leave a child unattended or with a minor in a vehicle.

RATIONALE:

Assures for the safety and protection of children.

R 400.1911 Supervision.

(6) A caregiver or adult assistant caregiver shall at all times directly supervise children who are engaged in water activities or are near collections or bodies of water.

RATIONALE:

- According to the US Consumer Products Safety Commission, an estimated 260 children under 5 years of age drown each year in residential swimming pools and spas.
- An estimated 50 infants and toddlers drown each year in buckets containing liquid used for mopping floors and other household chores.
- Drowning is the second leading cause of accidental deaths of children 5 and under.
- Small children can drown within 30 seconds, in as little as two inches of liquid.
- A child can drown in less time than it takes to answer the telephone. Irreversible brain damage can occur in 3-5 minutes.
- Most drownings happen in fresh water, often in home swimming pools.
- Most children drown within a few feet of safety.
- Twenty-five percent of all drowning victims have had swimming lessons.
- Close continuous supervision is one essential factor in reducing the number of children's drownings and water related injuries.

TECHNICAL ASSISTANCE:

Water activities conducted by child care homes are defined as a play activity where children are allowed to enter the water under adult supervision by playing in swimming/wading pools in the backyard and other swimming areas at lakes or public beaches. It also includes any other activities where children are in or on the water.

NOTE: The US Consumer Product Safety Commission has identified the use of heated hot tubs/spas and the use of jets in hot tubs/spas as unsafe and not appropriate water activities for children.

During water activities the caregiving staff are responsible and accountable for:

- Providing direct supervision at all times to children engaged in water activities, or in the water activity area.
- Assuring appropriate supervision of children who are engaged in non-water activities away from the immediate water activity area.
- Assuring that all children engaged in water activities can be easily observed.
- Assuring that telephone usage and other distractions are limited to emergencies.
- Assuring the water activity is appropriate, and checking the water activity area for general safety.
- Assuring that inflatable toys and rings are used for play purposes only and not as safety devices.

- Assuring the adult to child ratio is maintained for all children in care.
- Assuring a CPR-trained adult is supervising children in the water activity area.

Refer to R 400.1921 (1-7) regarding additional regulation for water hazards and water activities.

CONSULTATION:

The following best practices are recommended:

- Limit the number of children in the water at any one time based on the ages of children, number of non-swimmers, and special needs of individual children.
- Assure that children are familiar with the rules for behavior in and around the water activity area.
- Assure that only strong swimmers are permitted to use, with caution, diving boards and water slides.
- Know the water depths and/or strength of currents when in natural water settings.
- Assure that assistant caregivers are aware of these issues when they are responsible for supervising children during water activities.
- At the swimming area, designate specific boundaries, both inside the water and on the shore or pool deck, for the child care children.
- Institute a buddy system for the children.

R 400.1912 Infant supervision and sleeping.

- (1) Infants, birth to 12 months of age, shall be placed on their backs for resting and sleeping.
- (2) Infants unable to roll from their stomachs to their backs, and from their backs to their stomachs, when found facedown, shall be placed on their backs.
- (3) If infants can easily turn over from their backs to their stomachs, then they shall be initially placed on their backs, but allowed to adopt whatever position they prefer for sleeping.
- (4) For an infant who cannot rest or sleep on her/his back due to disability or illness, the caregiver shall have written instructions, signed by a physician, detailing an alternative safe sleep position and/or other special sleeping arrangements for the infant. The caregiver/assistant caregiver shall rest/sleep children in accordance with a physician's written instructions.
- (5) Caregiving staff shall maintain supervision and frequently monitor infants' breathing, sleep position, bedding, and possible signs of distress except as provided in R 400.1922.
- (6) Video surveillance equipment and baby monitors shall not be used in place of subrule (5) of this rule.

RATIONALE:

- Assures for the safety and well being of infants.
- Placing infants to sleep on their backs instead of their stomachs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome (SIDS).

TECHNICAL ASSISTANCE:

- Monitoring shall be continual and must include visual observation of infants, with caregiving staff periodically standing close enough to the infant to observe breathing patterns, sleep position, placement of bedding and any signs of distress or discomfort.

- “Frequently” is defined as occurring quite often or at close intervals, generally not less than every 15 minutes.

CONSULTATION:

Resources include the following:

- National SIDS Resource Center and the Back to Sleep Campaign.
- Local and state health departments.
- Tomorrow's Child – www.tomorrowschildmi.org or 1-800-331-7437.

R 400.1913 Discipline and child handling.

(1) The caregiver shall develop and have on file a written policy regarding the discipline of children.

RATIONALE:

Assures that parents and all caregiving staff are informed of the policies regarding the discipline of children.

TECHNICAL ASSISTANCE:

- Discipline is not just getting a child to “mind.”
- Discipline involves helping a child gain control over his or her behavior.

The caregiver is responsible and accountable for:

- Describing in the written policy how caregiving staff will manage children's behavior by using positive methods of discipline and encouraging children to develop self-control.
- Assuring that the policy addresses methods that are appropriate for children of different ages and levels of understanding.
- Assuring that the policy states that physical punishment or other prohibited methods will not be used even if the parents give permission.

NOTE: Per R 400.1907 (1)(b)(i), parents must receive a copy of the written discipline policy. OCAL 3900 -- *The Child in Care Statement Form* may be used to verify the parent's receipt of this policy.

NOTE: Per R 400.1906 (1)(g)(iii), assistant caregivers must receive a copy of the written discipline policy.

CONSULTATION:

- OCAL Pub 331--*Child Management for Parents and Caregivers* is available on the department's website.

R 400.1913 Discipline and child handling.

(2) Developmentally appropriate positive methods of discipline, which encourage self-control, self-direction, self-esteem, and cooperation shall be used.

RATIONALE:

- Discipline is most effective when it is consistent, reinforces desired behavior and offers natural and logical consequences.
- Positive methods of discipline create a constructive and supportive social group and reduce incidents of aggression.
- Caregiving staff are more likely to avoid abusive practices if they are well-informed about effective, non-abusive methods for managing children's behaviors.

TECHNICAL ASSISTANCE:

- Discipline is not just getting a child to "mind."
- Discipline involves helping a child gain control over his or her behavior.
- Positive discipline methods will help guide a child toward self-discipline and independence.

Positive methods of discipline include:

- Redirecting the child from an unacceptable activity to a constructive one.
- Planning ahead to prevent problems.
- Encouraging appropriate behavior by offering alternative solutions to the problem.
- Talking to the child about how he/she is feeling.
- Removing the child from the source of the conflict.
- Providing consistent, clear rules.
- Involving the children in solving problems.
- Assuring there is a relationship between the behavior and the discipline.
- Tailoring the method of discipline to the individual child.

"Time-out" is not a first choice, but a last resort technique for children who are harming themselves or in danger of harming others. It is an opportunity for children to clear their minds and rejoin the group or activity in a more productive state. Time-out is not an appropriate discipline technique for children under three years of age.

Before using time-out, caregiving staff should make sure:

- Their expectations of the child's behavior are realistic.
- Consequences immediately follow the child's behavior.
- Children are not humiliated, or made to feel threatened or afraid.
- Children are not left alone, unless they want to be.
- The time-out does not last longer than it takes for the child to calm down.

CONSULTATION:

Resources available but not limited to include:

- Michigan 4C and regional offices at www.mi4c.org/
- NAEYC's guide to accreditation at www.mi4c.org/
- The department's video series on discipline available through local offices.

The following publications are available on the department's website:

OCAL Pub 689--*Fussy Baby*

OCAL Pub 331--*Child Management for Parents and Caregivers*

R 400.1913 Discipline and child handling.

(3) The caregiving staff shall not do any of the following:

- (a) Hit, spank, shake, bite, pinch, or inflict other forms of corporal punishment.
- (b) Restrict a child's movement by binding or tying him or her.
- (c) Inflict mental or emotional stress, such as humiliating, shaming, threatening a child, or using derogatory remarks.
- (d) Deprive a child of meals, snacks, rest, or necessary toilet use.
- (e) Confine a child in an enclosed area such as a closet, locked room, box, or similar cubicle.

RATIONALE:

- Children deserve to be treated respectfully and appropriately in a positive manner.
- Discipline helps children gain control over their behavior.
- Children act best when they know the rules and know they are expected to follow them.
- Research links mental and emotional stress and corporal punishment with negative effects such as impairment of learning and future criminal behavior.
- Reasons for prohibiting certain methods of punishment include current child development theory and practice, legal aspects, and increasing liability suits.

TECHNICAL ASSISTANCE:

- Discipline is not punishment.
- Discipline involves helping a child gain control over his or her own behavior.
- Positive discipline methods will help guide a child toward self-discipline and independence.

All caregiving staff are responsible and accountable for:

- Assuring that a child's movement is not restricted by the use of a harness or leash or other restraint device.
- Assuring that a strapping device is used on high chairs or handicapper chairs in order to stabilize the child in that type of chair and not used for punishment or discipline.
- Assuring that firm and consistent expectations are given that do not cause children to feel shame or humiliation.

NOTE: Regardless of parental request or permission, verbal or written, these practices are strictly prohibited by this rule. Any caregiver who questions or has concerns regarding a parental discipline request should contact their licensing consultant.

CONSULTATION:

The following publications are available on the department's website:

OCAL Pub 689-- *Fussy Baby*

OCAL Pub 331-- *Child Management for Parents and Caregivers*

R 400.1913 Discipline and child handling.

(4) Non-severe and developmentally appropriate discipline or restraint may be used when reasonably necessary to prevent a child from harming himself or herself, or to prevent a child from harming other persons or property, or to allow a child to gain control of himself or herself excluding those forms of punishment prohibited by subrule (3) of this rule.

RATIONALE:

Undue physical restraint, especially with ropes, scarves, belts, ties or straps, is abusive.

TECHNICAL ASSISTANCE:

If it becomes necessary to restrain a child for his or her own or other's protection, holding the child as gently as possible is acceptable. Children shall not be physically restrained longer than necessary to control the situation.

Examples of inappropriate restraint include but are not limited to:

- Holding a child with undue physical force.
- Holding a child down on a sleep surface with hands or feet.
- Sitting on a child.

R 400.1913 Discipline and child handling.

(5) This rule is not subject to the variance specified in R 400.1963.

R 400.1914 Daily activity program.

(1) Caregiving staff shall engage in positive interactions with children.

(a) For infants and toddlers, interactions may include, but not be limited to, the following:

- (i) Nurturing contact such as talking to, smiling, holding, rocking, cuddling, and giving eye contact throughout the day and during daily routines such as feeding and diapering.
- (ii) Promptly responding to a child's cries and other signs of distress.

RATIONALE:

- Richness of language and a child's self image increase through frequent positive verbal and physical interactions between the child and the caregiving staff.
- Responding quickly to cries or signs of distress fosters a child's sense of trust that the caregiving staff will understand, respond, and meet the child's needs.
- The brain development of infants and toddlers is particularly sensitive to the quality and consistency of their relationships with others. Much of the stimulation for brain development comes from the responsive interactions of caregiving staff and children during daily routines.
- Preschool children depend on the affection, physical care, intellectual guidance, and emotional support of their caregiving staff. A supportive, nurturing setting encourages the expression of feelings, allows for problem solving and builds a positive self-image.
- School age children develop a strong, secure sense of identity through positive experiences with caregiving staff and peers. An environment that encourages positive relationships promotes the self-worth of school age children.

R 400.1914 Daily activity program.

(2) The caregiver shall plan daily activities so that each child may do the following:

- (a) Have opportunities to feel successful and feel good about himself or herself and develop independence.
- (b) Develop and use language.
- (c) Develop and use large and small muscles.
- (d) Use materials and take part in activities which encourage creativity.
- (e) Learn new ideas and skills.
- (f) Participate in imaginative play.
- (g) Rest or sleep, or both.

RATIONALE:

- Having planned daily activities assures that thought goes into programming for children, which fosters their growth and development.
- Planned activities keep children engaged, which reduces or eliminates chaos and behavioral issues.
- Children are happier and respond better to consistency and routine.
- Planned activities allow for monitoring and accountability to assure that the program meets the cognitive, physical, emotional and social needs of each child.
- Children benefit from scheduled periods of rest. This rest may take the form of actual napping, a quiet time, or a change of pace between activities.

CONSULTATION:

Some warning signs that may indicate there are problems with the daily program include, but are not limited to:

- Children are not purposefully involved—they tend to wander around, unable to select an activity.
- Children show little respect for equipment or materials.
- Children fight over equipment or materials.
- Children are bored with the equipment and may develop their own inappropriate activities.
- Children fight with and become more aggressive with each other.
- Caregiving staff become bored with the same routine and do not pick up on the children's interests.

Best practice is to post a written daily activity plan or make it available to parents and assistant caregivers.

R 400.1914 Daily activity program.

(3) All of the following developmentally appropriate opportunities shall be provided daily:

- (a) A balance of active and quiet play, group, and individual activities.

RATIONALE:

- A planned but flexible program allows children to make decisions about their activities.
- Fosters independence and creative expression.
- Fosters physical, social and emotional development.

CONSULTATION:

The following publications are available on the department's website.

- OCAL Pub 95--*Rhythm, Rhymes and Happy Times*
- OCAL Pub 90--*Infants*
- OCAL Pub 92--*Toddlers*
- OCAL Pub 93--*Preschoolers*
- OCAL Pub 94--*Kindergarteners*
- OCAL Pub 91--*School-Age Children*
- OCAL Pub 96--*Working with Children Who Have Special Needs*

R 400.1914 Daily activity program.

(3) All of the following developmentally appropriate opportunities shall be provided daily:

- (b) Indoor and outdoor play, except during inclement or extreme weather, or unless otherwise ordered by a health care provider.

RATIONALE:

- Open spaces in outdoor areas encourage children to develop gross motor skills and fine motor play in ways that may be difficult to duplicate indoors.
- Cold weather does not make children ill. Studies have indicated that children, who are taken outdoors, even during cold weather for short periods of time, have fewer incidences of respiratory illnesses.
- Outdoor play is an opportunity for learning in a different environment and provides many health benefits. Infectious disease organisms are less concentrated in outdoor air than indoor air. Light exposure of the skin to sunlight promotes the production of Vitamin D that growing children require.
- Outdoors, children breathe fresh air and develop their muscles, learn and practice increasingly difficult skills, share and cooperate with other children, and get hands-on experiences with some basic scientific principles. Every child benefits from outdoor play--every day.

TECHNICAL ASSISTANCE:

The caregiver is responsible and accountable for:

- Assuring that all children, including infants, are taken outside on a daily basis as weather permits.
- Having parents provide a written order signed by a health care provider, if applicable.
- Assuring a child is properly supervised, if he/she has a written order signed by a health care provider to remain inside. All other children must be taken outside daily.
- Assuring that children do not become overheated or excessively chilled.

NOTE: A violation should only be cited if there is indication of on-going non-compliance, rather than an observation of a single day.

CONSULTATION:

Every young child should have the opportunity for outdoor gross motor play at least once and preferably twice a day. The following should be taken into account when deciding about outdoor play:

- Wind-chill factor/temperature at or below 20 degrees F and a heat index at or above 90 degrees F.
- Severe weather conditions (i.e., lightning, heavy rain or snow, tornado watches/warnings)

- Degree of sunshine or available shade
- Knowledge regarding weather related symptoms children may exhibit such as heat or sunstroke, sunburn, dehydration, frostbite, hypothermia, etc.
- Appropriate clothing for conditions (Caregivers may choose to have extra outdoor clothing on hand)
- Length of time of the play period
- Public announcements of hazardous air quality conditions

The following publications are available on the department's website:

- OCAL Pub 95--*Rhythm, Rhymes and Happy Times*
- OCAL Pub 90--*Infants*
- OCAL Pub 92--*Toddlers*
- OCAL Pub 93--*Preschoolers*
- OCAL Pub 94--*Kindergarteners*
- OCAL Pub 91--*School-Age Children*
- OCAL Pub 96--*Working with Children Who Have Special Needs*

R 400.1914 Daily activity program.

(3) All of the following developmentally appropriate opportunities shall be provided daily:

- (c) Early language and literacy experiences throughout the day accumulating for not less than 30 minutes.

RATIONALE:

- Literacy is a process that begins at birth. Becoming literate is about using language to make oneself understood and to understand others and the world. Language is the foundation of reading development.
- Engaging children in meaningful language and literacy experiences supports the development of communication skills including exchanging information, sharing feelings and developing strong emotional ties.

TECHNICAL ASSISTANCE:

Early language and literacy experiences include but are not limited to:

- Looking at or reading books with children
- Talking, singing and interacting with children
- Music experiences
- Playing games
- Writing activities
- Show and Tell and circle time
- Dramatic play activities
- Felt board stories
- Finger plays

NOTE: This rule does not require that children be read to 30 minutes each day.

CONSULTATION:

The following publications are available on the department's website.

- OCAL Pub 95--*Rhythm, Rhymes and Happy Times*
- OCAL Pub 90--*Infants*

- OCAL Pub 92--*Toddlers*
- OCAL Pub 93--*Preschoolers*
- OCAL Pub 94--*Kindergarteners*
- OCAL Pub 91--*School-Age Children*
- OCAL Pub 96--*Working with Children Who Have Special Needs*

R 400.1914 Daily activity program.

- (3) All of the following developmentally appropriate opportunities shall be provided daily:
 (d) Early math and science experiences.

RATIONALE:

- Math and science help children make sense of the world around them and find meaning in the physical world. They learn to reason, to connect ideas and to think logically.
- Through mathematics children learn to understand their world in terms of numbers and shapes. Integrating math into all parts of the day increases their learning and shows children that math is part of everyday life.
- Children have a natural curiosity and interest in science, which allows them to be active learners, to construct knowledge through experimentation, problem solving and play. It also allows children to make choices about what they explore and experience.

TECHNICAL ASSISTANCE:

Math and science experiences include but are not limited to:

- Counting
- Sorting, classifying and sequencing
- Baking/cooking activities
- Setting the table, folding laundry
- Matching games and puzzles
- Water and sand play/sensory activities
- Exploring the outdoor environment

CONSULTATION:

The following publications are available on the department's website.

- OCAL Pub 95--*Rhythm, Rhymes and Happy Times*
- OCAL Pub 90--*Infants*
- OCAL Pub 92--*Toddlers*
- OCAL Pub 93--*Preschoolers*
- OCAL Pub 94--*Kindergarteners*
- OCAL Pub 91--*School-Age Children*
- OCAL Pub 96--*Working with Children Who Have Special Needs*

R 400.1914 Daily activity program.

- (4) Television, video tapes, and movies shall be limited to not more than 2 hours per day and to programs designed for children's education and/or enjoyment. Other activities shall be available to children during television/movie viewing.

RATIONALE:

In 1994, the National Association for the Education of Young Children (NAEYC) published a Position Statement on this issue. In part, it states that “there has been an increase in the amount and severity of violent acts observed by children through the media, including television, movies, computer games, and videotapes, and an increase in the manufacture and distribution of weapon-like toys and other products directly linked to violent programming. NAEYC believes the trend toward increased depiction of violence in the media jeopardizes the healthy development of significant numbers of our nation’s children.”

- Play is an active form of learning and children learn best when actively engaged.
- The development of children’s abilities may suffer when much of their experience is through television, computers, electronic games, books, worksheets and media that require only two senses – sight and sound.
- It is important to provide children with opportunities to learn through their other senses as well, including the senses of smell, touch and taste, and the sense of motion through space.
- When children watch TV, movies and videos, they are physically passive. Research shows that physical activity improves children’s attentiveness and decreases restlessness.
- Unstructured physical play is a developmentally appropriate outlet for reducing stress in children’s lives.

CONSULTATION:

The following best practices are recommended:

- Television, video tapes, and movies should not replace or disrupt existing program routines.
- Rating systems for television, video tapes, and movies may be used as a guide to determine suitability for children.
- A description of movie ratings may be found on the Internet at www.mpa.org/.
- Television ratings may be found at www.parentstv.org.

R 400.1914 Daily activity program.

(5) Programs/movies with violent or adult content, including soap operas, shall not be permitted in child-use space while children are in care.

RATIONALE:

In 1994, the National Association for the Education of Young Children (NAEYC) published a Position Statement on this issue. In part, it states that “there has been an increase in the amount and severity of violent acts observed by children through the media, including television, movies, computer games, and videotapes, and an increase in the manufacture and distribution of weapon-like toys and other products directly linked to violent programming. NAEYC believes the trend toward increased depiction of violence in the media jeopardizes the healthy development of significant numbers of our nation’s children.”

- Young children cannot distinguish between fantasy and reality and are especially influenced by what they see on TV.
- Children under seven are particularly vulnerable to violent behavior portrayed in the media.
- Media has a powerful influence over children’s learning—it must not teach them to stereotype or use violence to solve their problems.
- When children watch television, they are physically passive, yet mentally alert. Their

minds are ripe for absorbing ideas, information, and values.

- Television can be a powerful teacher, so caregiving staff must make sure the lessons children learn are good ones.
- Violent TV programs do not teach good language skills and it limits children's imaginations.

TV violence may cause young children:

- To become less sensitive to the pain and suffering of others.
- To become fearful of the world around them.
- To have more difficulty getting along with others.

CONSULTATION:

The following best practices are recommended:

- Television, video tapes, and movies should not replace or disrupt existing program routines.
- Rating systems for television, video tapes, and movies may be used as a guide to determine suitability for children.
- A description of movie ratings may be found on the Internet at www.mpa.org/.
- Television ratings may be found at www.parentstv.org.

R 400.1914 Daily activity program.

(6) The use of electronic devices and computers by children in care shall be suitable to the age of the child in terms of content and length of use.

RATIONALE:

- The growing use of technology and computers in education and recreation has made repetitive stress injuries (RSI) a problem for children. Repetitive stress injuries result when repeated movements damage tendons, bones and muscles.
- Excessive screen time and repetitive motions can also cause visual, fine motor and other physical problems.
- Software that allows children to destroy without facing actual consequences may hinder them from learning personal responsibilities.

TECHNICAL ASSISTANCE:

- Electronic devices and computer programs, like any other learning tool, can be used in developmentally appropriate or inappropriate ways.
- Rating systems for video games and computer games may be used as a guide to determine suitability for children. Information about rating systems may be found on the Internet at (www.esrb.org).

The caregiver is responsible for assuring that:

- The software is developmentally appropriate and promotes positive social values.
- The use of electronic devices and computers does not replace or disrupt existing program routines.
- The use of these devices is time limited and monitored closely.

R 400.1914 Daily activity program.

(7) The caregiver shall, for children with special needs, work with the parents, medical personnel, and/or other relevant professionals to provide care in accordance with the child's identified needs and learning supports.

RATIONALE:

- Assures for consistency and continuity in the care of children with special needs.
- Assures a child's special needs are being met and professional recommendations are followed.

CONSULTATION:

The following best practices are recommended in the care of special needs children:

- Research online and become familiar with the condition.
- Talk with others who have experience with the condition.
- Take classes or workshops.
- Obtain in writing all necessary information and instructions for the care of the child.

R 400.1915 Indoor space; play equipment and materials.

(1) A child care home shall provide not less than 35 square feet per child of safe, usable, accessible indoor floor space, not including bathrooms and storage areas.

RATIONALE:

- Assures for the safety of children.
- Assures that children have safe and adequate space for daily activities and room to move.
- Child behavior tends to be more constructive when sufficient space is organized to promote developmentally appropriate skills.
- Crowding has been shown to be associated with increased risk of upper respiratory infections.
- Having sufficient space will reduce the risk of injury from simultaneous activities.

TECHNICAL ASSISTANCE:

- Capacity is partly determined by the total square footage of all approved child care areas. Space requirements are assessed per child, regardless of the child's age or the amount of time spent in the home in child care.
- In order for a room, including a bedroom, to be counted towards capacity, it needs to be available and used on an on-going basis throughout the hours of operation.
- Excessive storage or clutter that diminishes the useable child care space may affect the capacity.

NOTE: Refer to R 400.1911 (4) regarding supervision, when using multiple rooms on the same floor level for child care.

R 400.1915 Indoor space; play equipment and materials.

(2) Only space that has received prior approval for child use by the department may be used for child care.

RATIONALE:

- Assures for the safety of children.
- Assures that children have safe and adequate space for daily activities and room to move.

TECHNICAL ASSISTANCE:

The caregiver is responsible and accountable for:

- Obtaining prior permission from the Department before using space not previously approved and used by children, including the basement and second floor levels.
- Requesting an on-site inspection by the consultant for new space to be approved.

NOTE: Rooms will not be approved for napping only, unless they meet all safety requirements and are hazard free.

Refer to R 400.1911(4) regarding supervision, when using multiple rooms on the same floor level for child care.

R 400.1915 Indoor space; play equipment and materials.

(3) A variety and number of easily accessible activity choices shall be available to the child, shall be safe and appropriate for a child at his or her stage of development, and shall be based on the licensed/ registered number of children. All of the following apply to activity choices available:

- (a) Materials may include, books, art supplies, blocks and accessories, large muscle equipment, manipulative toys, musical equipment, and dramatic play materials.
- (b) All materials and equipment shall be kept clean and free of hazards.
- (c) Toys and other play equipment soiled by secretion or excretion shall be cleaned with soap and water, rinsed and sanitized before being used by a child.

RATIONALE:

- Assures for carrying out a quality child care program by providing challenging and interesting opportunities for children of all ages to learn.
- Providing an adequate amount of developmentally appropriate equipment promotes a healthy, stimulating learning environment and less stress and anxiety for the children and caregiving staff.
- Children cannot safely or comfortably use furnishings that are not sized for their use.
- Equipment that is sized for older children poses challenges that younger, smaller children may not be able to meet.
- Equipment and furnishings that are not sturdy, safe or in good repair, may cause falls, entrap a child's head or limbs, or contribute to other injuries.
- Poorly maintained equipment is hazardous.
- Messy play is developmentally appropriate for all age groups, especially among very young children. Soiled and contaminated equipment, furnishings, toys and play materials must be easily cleaned and sanitized in order to reduce transmission of diseases.

TECHNICAL ASSISTANCE:

The number of toys, games and other indoor play equipment necessary are based on the number of children for which the home is being licensed.

The caregiver is responsible and accountable for:

- Assuring that a sufficient number of toys, games and other play equipment are accessible to children without direct adult assistance.
- Assuring that all shelves and containers are sturdy, stable and free of hazards.
- Assuring that broken equipment is repaired or replaced, including toys with missing pieces.
- Assuring that all toys that children place in their mouths are cleaned and sanitized before being used by other children.
- Assuring that all toys, games, and other play equipment are appropriate for a child at his/her stage of development by being challenging and interesting, yet not so difficult as to cause the child stress or anxiety.

Examples of materials include:

- *Art supplies*--crayons, pencils, markers, paper, glue, scissors, paint and brushes.
- *Dramatic play*--dress-up clothes, hats, shoes, jewelry, dolls, puppets, and housekeeping items.
- *Manipulatives*--puzzles, legos, beads, rattles, squeeze toys, board games, card games and blocks.

For additional information refer to www.naeyc.org--"Tools for Learning"

Refer to subrule (4) of this rule regarding hazardous or recalled equipment as identified by the U.S. Consumer Product Safety Commission.

NOTE: Sanitizing as noted in subrule (c) of this rule means to submerge the item, wipe or spray it with a solution of 1 Tbsp. of chlorine bleach to 1 gallon of water. The item must air dry for at least 2 minutes. Commercial sanitizers may be used, but caution should be exercised to assure they are used according to the manufacturers recommendations.

CONSULTATION:

The following best practices are recommended:

- A guideline for determining the amount of indoor equipment needed is a minimum of 3 play spaces per child. This assures that if a child wants to change his/her play item or activity, there is another one available without having children switch or share toys.
 - A play space is a piece(s) of equipment that one child can use independently for about 15 minutes.
 - Activity areas (housekeeping, dramatic play, blocks, art) can vary from 2 to 4 play spaces, depending upon the amount of equipment, accessories, and space available.
- Equipment may be purchased new or used, or made.
- Place equipment on low, open shelves, in containers, on a table, or floor easily within a child's reach.
- Have available in infant and toddler rooms:
 - Duplicate toys to prevent conflicts between children.
 - Additional toys to replace toys that become soiled or contaminated throughout the day.

R 400.1915 Indoor space; play equipment and materials.

(4) The caregiver shall not use any equipment, materials, and furnishings recalled or identified by the U.S. Consumer Product Safety Commission (<http://www.cpsc.gov/>) as being hazardous.

RATIONALE:

- Public Act 219 of 2000, Children's Product Safety Act, is the legal basis for this rule.
- Assures that toys and equipment that are known to be hazardous are not used.

R 400.1915 Indoor space; play equipment and materials.

(5) All children shall be protected from materials that could be swallowed and/or present a choking hazard. Toys or objects with removable parts less than 1¼ inches in diameter and less than 2¼ inches in length, as well as balls smaller than 1¾ inches in diameter are prohibited for children under 3 years of age.

RATIONALE:

- Assures for the safety and well being of children.
- 90% of fatal chokings occur in children younger than 4 year of age.

TECHNICAL ASSISTANCE:

Potentially hazardous items/toys may include, but are not limited to, balloons, coins, safety pins, jewelry, plastic bags, legos, marbles, small board game pieces, toys with removable parts and Styrofoam objects.

CONSULTATION:

The following best practices are recommended:

- A daily survey of the child care environment.
- Use of a choking hazard tester, which is available through toy distributors and at major toy stores.

R 400.1915 Indoor space; play equipment and materials.

(6) Trampolines shall not be used indoors by children in care.

RATIONALE:

- Assures for the safety and well being of children.
- According to the American Academy of Pediatrics, trampolines:
 - Present a safety hazard.
 - Have the potential for serious injury.
 - Should never be used in a home or recreational setting.
 - Require highly trained personnel who have been instructed in all aspects of trampoline safety.

TECHNICAL ASSISTANCE:

- Trampolines of all sizes are prohibited.

R 400.1916 Bedding and sleeping equipment.

- (1) All bedding and equipment shall be in accordance with U.S. Consumer Product Safety Commission (<http://www.cpsc.gov/>) standards as approved for the age of the child using the equipment and shall be clean, comfortable, safe, and in good repair.
- (2) All bedding and sleeping equipment shall be cleaned and sanitized before being used by another person.
- (3) All bedding used by children shall be washed when soiled or weekly at a minimum.

RATIONALE:

- Assures for the safety and well being of children.
- Reduces the spread of diseases from one child to another.

TECHNICAL ASSISTANCE:

- The American Heritage Dictionary defines a bed as “A piece of furniture for reclining and sleeping, typically consisting of a rectangular frame and a mattress resting on springs.”
- Rectangular shaped porta-cribs, such as Graco’s Pack-N-Play are acceptable. These cribs cannot be collapsed or folded up without the removal of the mattress. All manufacturers specifications for the child’s height and weight must be followed.
- Square playpens typically used to contain a child for short periods of time or for play, are not acceptable for sleeping children of any age.

Cleaned and sanitized means:

- Washing the sleep equipment vigorously with warm water and detergent.
- Rinsing the equipment with clean water.
- Wiping or spraying the sleep equipment with a solution of one (1) tablespoon of chlorine bleach in one (1) gallon of warm water.
- Letting it air dry.
- Laundering bedding in HOT water and detergent.

NOTE: Bleach is recommended as a sanitizing product as it is safe, effective, and inexpensive. However, there are other commercial sanitizing agents that may be used. Check with local health department sanitarians for approved sanitizers.

Refer to subrule (13) of this rule for sleeping equipment requirements, if providing nighttime care.

CONSULTATION:

Stacking cribs are not recommended for the following reasons:

- When cribs have little or no spacing between them, as is the case with stacking cribs, the likelihood of the spread of infectious disease is increased.
- The structure of stacking cribs reduces airflow in and around the crib, limits the visual stimulation infants receive while in the crib, and restricts movement opportunities for mobile infants.

R 400.1916 Bedding and sleeping equipment.

- (4) All cribs or porta-cribs shall be equipped with a firm, tight-fitting mattress with a waterproof, washable covering, as recommended and approved by the U.S. Consumer Product Safety Commission.
- (5) Infants, birth to 12 months of age, shall rest or sleep alone in an approved crib or porta-crib. A crib shall have all of the following:
 - (a) A firm, tight-fitting mattress.
 - (b) No loose, missing, or broken hardware or slats.
 - (c) Not more than 2 3/8" between the slats.
 - (d) No corner posts over 1/16" high.
 - (e) No cutout designs in the headboard or footboard.
 - (f) A tightly fitted bottom sheet shall cover a firm mattress with no additional padding placed between the sheet and mattress.
- (6) An infant's head shall remain uncovered during sleep.
- (7) Soft objects, bumper pads, stuffed toys, quilts or comforters, pillows, and other objects that could smother an infant shall not be placed with or under a resting or sleeping infant.
 - (a) Blankets, when used, shall be thin, lightweight, and tucked in along the sides and foot of the mattress and shall not come up higher than the infant's chest.
- (8) Blankets shall not be draped over cribs or porta-cribs.

RATIONALE:

- Assures for the safety and well being of children.
- Reduces the risk of Sudden Infant Death Syndrome (SIDS).
- Children have strangled because their shoulder or neck became caught in a gap between slats or between the mattress and crib side that was too wide.
- Crib posts present a potential for clothing entanglement and strangulation.

NOTE: Infant sleeping requirements are based on the American Academy of Pediatrics recommendations.

CONSULTATION:

Stacking cribs are not recommended for the following reasons:

- When cribs have little or no spacing between them, as is the case with stacking cribs, the likelihood of the spread of infectious disease is increased.
- The structure of stacking cribs reduces airflow in and around the crib, limits the visual stimulation infants receive while in the crib, and restricts movement opportunities for mobile infants.

Resources regarding SIDS include the following:

- National SIDS Resource Center and the Back to Sleep Campaign.
- Local and state health departments.
- Tomorrow's Child – (www.tomorrowschildmi.org) or 1-800-331-7437.

The American Academy of Pediatrics recommends a minimum distance of three feet between rest equipment to limit the spread of disease.

R 400.1916 Bedding and sleeping equipment.

(9) Children 12 to 24 months of age shall rest or sleep alone in an approved crib, porta-crib, or on a cot or mat sufficient for the child's length, size, and movement.

RATIONALE:

Assures for the safety and well being of children.

TECHNICAL ASSISTANCE:

- The American Heritage Dictionary defines a bed as "A piece of furniture for reclining and sleeping, typically consisting of a rectangular frame and a mattress resting on springs."
- Rectangular shaped porta-cribs, such as Graco's Pack-N-Play are acceptable. These cribs cannot be collapsed or folded up without the removal of the mattress. All manufacturers specifications for the child's height and weight must be followed.
- Square playpens typically used to contain a child for short periods of time or for play, are not acceptable for sleeping children of any age.

CONSULTATION:

The American Academy of Pediatrics recommends a minimum distance of three feet between rest equipment to limit the spread of disease.

R 400.1916 Bedding and sleeping equipment.

(10) Infant car seats, infant seats, infant swings, bassinets, highchairs, waterbeds, adult beds, soft mattresses, sofas, beanbags, or other soft surfaces are not approved sleeping equipment for children 24 months of age or younger.

(11) Children 24 months or younger who fall asleep in a space that is not approved for sleeping shall be moved to approved sleeping equipment appropriate for their size and age.

RATIONALE:

Assures for the safety and well being of children.

TECHNICAL ASSISTANCE:

If there is a health issue or special need that requires a child sleep in an elevated position, documentation from the child's health provider is required prior to allowing a child to sleep in anything other than a crib or porta-crib. The documentation must include specific sleeping instructions and timeframes for how long the child needs to sleep in this manner.

R 400.1916 Bedding and sleeping equipment.

(12) Children over 24 months of age shall have an individual, age appropriate, clean, comfortable and safe place to sleep or rest. The floor shall be used only when padded, warm, and free from drafts and when there is a mat, sleeping bag, blanket, or similar piece of bedding between the floor and the child.

RATIONALE:

Assures for the safety and well being of children.

CONSULTATION:

The American Academy of Pediatrics recommends a minimum distance of three feet between rest equipment to limit the spread of disease.

R 400.1916 Bedding and sleeping equipment.

(13) If nighttime care is provided, then children shall sleep in age appropriate cribs and beds.

RATIONALE:

- Assures for the safety and well being of children.
- Children in nighttime care are asleep for longer periods of time than children who nap during the day. These children will have a more restful sleep on an appropriately sized bed than on a mat or cot.

R 400.1917 Telephone.

A land-line telephone, excluding a cordless or cell phone, shall be available, operable, and accessible during child care hours. An operable land-line telephone is one that does not require electricity in the home to operate. Cordless or cell phones may be used in addition to the land-line telephone.

RATIONALE:

- A land-line telephone is not battery operated and will work during power outages.
- Cordless and cell phones are powered by electricity or batteries and are therefore not always reliable.
- Many land-line telephones are now automatically linked by caller ID to an exact address at an emergency center through enhanced 911.

TECHNICAL ASSISTANCE:

- If the home has a single land-line that is used for internet service during the hours of child care operation, software or hardware must be installed that alerts the user of incoming calls.
- A phone system (such as Vonage) that requires a Broadband Ethernet connection, a cable/modem and a phone adaptor is not considered a land-line telephone because it requires electricity in the home to operate.
- Accessible and available refers to all calls, incoming and outgoing. If voice mail or an answering system is used, it is the caregiver's responsibility to assure that the system is checked for messages frequently throughout the day and to return child care related calls promptly.
- The caregiver is responsible for immediately notifying the department of any phone number changes.

R 400.1918 Medication; administrative procedures.

(1) Medication, prescription and nonprescription, shall be given to a child in care by adult caregiving staff only.

RATIONALE:

- Assures for the safety and well being of children.
- Assures that all medication is appropriately administered.

CONSULTATION:

Caregivers are not required by this rule to dispense medication.

R 400.1918 Medication; administrative procedures.

(2) Medication, prescription and nonprescription, shall be given or applied only with prior written permission from a parent.

RATIONALE:

- Assures for the safety and well being of children.
- Assures that all medication is appropriately administered.

TECHNICAL ASSISTANCE:

- This rule applies to anything that goes into the child's mouth or is applied to the child's body, other than food and water.
- A separate medication permission form is required for each medication for each individual child.
- For topical and oral, prescription or nonprescription medications, the Medication Permission Form (OCAL 1243) must be filled out completely by the parent indicating the dosage, times given per day and the number of days to be given.
- A blanket "as needed" permission slip is sufficient for topical nonprescription medication identified in subrule (8) of this rule.

R 400.1918 Medication; administrative procedures.

(3) All medication shall be in the original container, stored according to instructions, and clearly labeled for a named child.

RATIONALE:

- Assures for the safety and well being of children.
- Assures that all medication is appropriately administered.

TECHNICAL ASSISTANCE:

- This rule prohibits siblings from sharing prescription medication, unless all names are printed on the original pharmacy label.
- Adult caregiving staff are prohibited from administering any medication, prescription or nonprescription, that is not in an original labeled container.

CONSULTATION:

Parents can request the pharmacist split the prescription into two separate, pharmacy labeled containers, one for home and one for the child care home.

R 400.1918 Medication; administrative procedures.

(4) Prescription medication shall have the pharmacy label indicating the physician's name, child's name, instructions, and name and strength of the medication and shall be given in accordance with those instructions.

RATIONALE:

- Assures for the safety and well being of children.
- Assures that all medication is appropriately administered.

TECHNICAL ASSISTANCE:

Adult caregiving staff should not inappropriately administer medication to a child based solely on a parent's desire or written permission to give the child medication. This includes "sharing" prescription medication among siblings unless all names are printed on the prescription label.

CONSULTATION:

OCAL 1243--*Medication Permission Form* is available on the department's website.

R 400.1918 Medication; administrative procedures.

(5) All medication shall be kept out of the reach of children and shall be returned to the child's parent when the parent determines it is no longer needed or when it has expired.

RATIONALE:

Assures for the safety and well being of children.

TECHNICAL ASSISTANCE:

- Medications stored on the kitchen table or counter are not considered out of children's reach.
- Medications should not be left in backpacks or diaper bags, as it may be accessible to children.

R 400.1918 Medication; administrative procedures.

(6) Adult caregiving staff shall give or apply prescription or non-prescription medication according to the directions on the original container unless otherwise authorized by a written order of the child's physician.

RATIONALE:

- Assures for the safety and well being of children.
- Assures that all medication is appropriately administered.

TECHNICAL ASSISTANCE:

Regardless of the parent's verbal or written permission, administering medication contrary to the directions on the label is strictly prohibited by this rule.

R 400.1918 Medication; administrative procedures.

- (7) A record of the date, time, and the amount of all medication given or applied shall be maintained on a form provided by the department or a comparable substitute approved by the department.

RATIONALE:

Assures that the medication is given according to the instructions.

TECHNICAL ASSISTANCE:

- This rule applies to anything that goes into the child's mouth or is applied to the child's body, other than food and water.
- A separate medication permission form is required for each medication for each individual child.
- For topical and oral, prescription or nonprescription medications, the Medication Permission Form (OCAL 1243) must be filled out completely by the parent indicating the dosage, times given per day and the number of days to be given.
- A blanket "as needed" permission slip is sufficient for topical nonprescription medication identified in subrule (8) of this rule. *The date, time and amount of medication given need not be documented on the form.*

CONSULTATION:

OCAL 1243--*Medication Permission Form* is available on the department's website.

R 400.1918 Medication; administrative procedures.

- (8) Topical nonprescription medication, including but not limited to sunscreen, insect repellent, and diaper rash ointment, shall be exempt from subrule (7) of this rule.

TECHNICAL ASSISTANCE:

Topical nonprescription medication means any over-the-counter medication that is applied to the body.

R 400.1918 Medication; administrative procedures.

- (9) The records in this rule shall be retained for a minimum of 4 years.

RATIONALE:

- The department may need past records when conducting a complaint investigation.
- Past records may assist the home in resolving licensing issues.

R 400.1919 Communicable disease.

A person who lives in a home or cares for children who has a suspected or a confirmed case of a communicable disease shall not come into contact with children in care.

RATIONALE:

Assures for the health and safety of children and caregiving staff.

TECHNICAL ASSISTANCE:

- Under Federal Law it is prohibited to share information regarding a household member or caregiver with a suspected or confirmed case of specific communicable disease, including HIV and Hepatitis B.
- If a consultant becomes aware of an individual or caregiver living in the home who has a suspected or confirmed case of a communicable disease, the matter should be discussed with the area manager to determine if any action is needed.

CONSULTATION:

OCAL Pub 111--*Communicable Diseases* is available on the department's website.

R 400.1920 Outdoor play area and equipment.

(1) A child care home shall provide a clean, safe, and hazard free outdoor play area, on the premises or within a reasonable walking distance of the home.

RATIONALE:

- Assures for the safety and welfare of children.
- Assures that an outdoor play area is available to all children in care.

TECHNICAL ASSISTANCE:

- A survey by the caregiving staff of the outdoor play area is essential before each use.
- Hazards include, but are not limited to:
 - Glass or sharp objects
 - Chipped or peeling paint
 - Splintered, cracked or deteriorating wood
 - Protruding bolt ends with missing caps or covers
 - Loose bolts and nuts on equipment
 - Holes or ditches
 - Exposed cement supports
 - Broken play equipment
 - Animal feces, beehives, wasp nests or ant hills
 - Toxic plants
 - General clutter or debris
 - Poor drainage or an accumulation of water or ice
 - Busy roads and streets, railroad tracks
 - Electric fences
 - Water hazards
- Some outdoor toxic plants/trees include, but are not limited to:
 - Holly berries
 - Pokeweed
 - Poison ivy and oak
 - Yew foliage, bark and seeds
 - Daphne berries
 - Oak tree foliage and acorns
 - Lantana leaves and fruit
 - Dumb Cane plants (dieffenbachia)
 - Elderberry shoots, leaves and bark
 - Autumn Crocus
 - Daffodils, Iris, Morning Glory, Lily of the Valley, Chrysanthemum, Hyacinth
 - Boxwood trees

CONSULTATION:

- A fence or natural barrier may be required if there are hazards located in or near the play area.
- If a fence is used, the following guidelines are recommended:
 - Gates shall be equipped with self-closing and positive self-latching closure mechanisms.
 - The latch or securing device shall be high enough or of a type such that small children cannot open it.
 - Fenced areas shall have at least two exits, with at least one being remote from the home.

- Fences and barriers shall not prevent the observation of children by the caregiving staff.
- Tips to prevent plant poisoning include:
 - Teach the children never to put plants, plant parts or berries in their mouth.
 - Closely supervise children at all times during outdoor play.
 - Know which plants are poisonous and make them inaccessible to children.
 - Regularly check the outdoor play area for poisonous plants.
 - Don't assume that a plant is not poisonous because animals and birds eat it.

R 400.1920 Outdoor play area and equipment.

- (2) The play area size shall be the following:
- (a) Not less than 400 square feet for a family child care home.
 - (b) Not less than 600 square feet for a group child care home.

RATIONALE:

- Affords an opportunity for learning in a different environment.
- Assures that the play area is of a sufficient size to allow freedom of movement without collisions among active children.
- Encourages children to develop gross motor skills and fine motor play in outdoor open spaces in ways that may be difficult to duplicate indoors.

R 400.1920 Outdoor play area and equipment.

- (3) A child care home shall provide an adequate and varied supply of outdoor play equipment, materials, and furniture, that is all of the following:
- (a) Appropriate to the developmental needs and interests of children.
 - (b) Appropriate to the number of children.
 - (c) Safe and in good repair.

RATIONALE:

- Assures for carrying out a quality child care program by providing challenging and interesting opportunities for children of all ages to learn.
- Providing an adequate amount of developmentally appropriate equipment promotes a healthy learning environment and less stress and anxiety for the children and caregiving staff.
- Equipment that is sized for larger or older children poses challenges that younger or smaller children may not be able to meet.

TECHNICAL ASSISTANCE:

- All broken equipment must be repaired or replaced or not used.
- Permanently installed play equipment is not required.
- Alternatives to permanently installed play equipment include, but are not limited to, balls, bats, parachutes, sand boxes, sidewalk chalk, child sized garden tools, easels, dramatic play items, cardboard boxes, etc.
- **Refer to subrule (4) of this rule regarding hazardous or recalled equipment as identified by the U.S. Consumer Product Safety Commission.**

CONSULTATION:

- Best practice is for infants and toddlers to have a separate outdoor play space with appropriately sized equipment and materials to serve their developmental needs.
- The Handbook for Public Playground Safety recommends the following playground equipment **not** be used by children under 6 years of age:
 - Chain or Cable Walks
 - Free Standing Arch Climbers
 - Free Standing Climbing Events with Flexible Components
 - Fulcrum Seesaws
 - Log Rolls
 - Long Spiral Slides (more than one 360 degree turn)
 - Overhead Rings
 - Parallel Bars
 - Swinging Gates
 - Track Rides
 - Vertical Sliding Poles

R 400.1920 Outdoor play area and equipment.

- (4) The outdoor play area and equipment shall be organized:
- (a) To separate active and quiet activities.
 - (b) For a clear and unobstructed view of the whole play area.
 - (c) To assure that there are safe distances between equipment.

RATIONALE:

- Assures for the safety of children.
- A clear and unobstructed view may prevent injury and harm to children.

R 400.1920 Outdoor play area and equipment.

- (5) When swings, climbers, slides, and other similar play equipment with a designated play surface above 30 inches are used, they shall:
- (a) Not be placed over concrete, asphalt, or a similar surface, such as hard-packed dirt or grass.
 - (b) Be safe, in good repair, and age-appropriate.
 - (c) Be placed at least 6 feet from the perimeter of other play structures or obstacles.

RATIONALE:

- Assures for the safety of children.
- Head-impact injuries present a significant danger to children.
- According to the American Academy of Pediatrics, trampolines:
 - Present a safety hazard.
 - Have the potential for serious injury.
 - Should never be used in a home or recreational setting.
 - Require highly trained personnel who have been instructed in all aspects of trampoline safety.

CONSULTATION:

The following best practices are recommended:

- Place shock-absorbing material under all elevated pieces of play equipment. Shock-absorbing material may include, but is not limited to, shredded bark or tires, pea gravel or commercial playground matting.
- If the shock-absorbing material becomes compacted, it should be turned over or raked to increase resiliency.
- See the U.S. Consumer Product Safety Commission Handbook for Public Playground Safety for recommendations. A copy may be obtained at no charge on the internet at www.cpsc.gov/.

R 400.1920 Outdoor play area and equipment.

(6) Trampolines shall not be used outdoors by children in care.

RATIONALE:

- Assures for the safety and well being of children.
- According to the American Academy of Pediatrics, trampolines:
 - Present a safety hazard.
 - Have the potential for serious injury.
 - Should never be used in a home or recreational setting.
 - Require highly trained personnel who have been instructed in all aspects of trampoline safety.

TECHNICAL ASSISTANCE:

- Trampolines of all sizes are prohibited.

R 400.1920 Outdoor play area and equipment.

(7) Children in care shall not be permitted to ride all terrain vehicles, motor bikes, go-carts, recreational, and other motorized vehicles.

RATIONALE:

- Assures for the safety and well being of children.
- Motorized toys often cause injuries to young children due to their high center of gravity and speed.

TECHNICAL ASSISTANCE:

- Motorized vehicles include but are not limited to, riding lawn mowers, tractors, jet skis, snowmobiles, motorized scooters and motorcycles.
- **Battery operated** riding vehicles are permitted.

R 400.1921 Water hazards and water activities.

(1) The caregiver shall ensure that barriers exist to prevent children from gaining access to any swimming pool, drainage ditch, well, natural or constructed pond or other body of

open water located on or adjacent to the property where the child care home is located. Such barriers shall be of a minimum of 4 feet in height and appropriately secured to prevent children from gaining access to such areas.

RATIONALE:

- Prevents injury and drowning, as most children drown within a few feet of safety.
- Fences or barriers provide an added layer of protection, but they do not replace the need for adequate supervision during outdoor play and all water activities.

TECHNICAL ASSISTANCE:

- *Water hazards must be assessed based on the location of the approved play area and accessibility to the water hazard.*
- When a water hazard is present, either the play area or water hazard must be protected. Protection may be provided by the use of a natural or man-made barrier, enclosure, or other protective covering (e.g., a fence, wall, building, hedge, cover, or other protective enclosure). Assure that barriers are:
 - Free of ready footing for climbing
 - Free of any openings a child can get through
 - Free of objects that enable children to gain access to the water (steps, ladders, pump mechanisms, etc.)
- Small fence openings of 3 ½ inches or smaller prevent children from passing through the fence.
- When a protected area is not in use, the gate should be locked with a lock that cannot be operated by a child.
- Hot tubs and spas must have a locking hard cover, per subrule (3) of this rule.
- All areas must be visible to allow adequate supervision.

R 400.1921 Water hazards and water activities.

(2) Spa pools and hot tubs shall not be used when children are in care.

RATIONALE:

- Any body of water presents a drowning risk or injury to young children.
- The water in spa pools and hot tubs is extremely hot. Infants and toddlers are particularly susceptible to overheating.

R 400.1921 Water hazards and water activities.

(3) Hot tubs and spas, whether indoors or outdoors, shall be inaccessible to children in care and have a locked hard cover.

RATIONALE:

- Any body of water presents a drowning risk or injury to young children.
- Small children can drown within 30 seconds.
- The water in spa pools and hot tubs is extremely hot. Infants and toddlers are particularly susceptible to overheating.

R 400.1921 Water hazards and water activities.

(4) Wading pools may be used when the following requirements are met:

- (a) The pools are clean and free of debris.
- (b) The pools are emptied and cleaned after each play period or immediately when they become dirty or contaminated.
- (c) The pools shall remain empty at all times they are not in use.

RATIONALE:

Assures for the health and safety of children.

R 400.1921 Water hazards and water activities.

(5) Before use of a residential pool or any other body of water by children in care, a caregiver shall assure that the water is clean, safe, and sanitary, and the children will be appropriately and adequately supervised.

RATIONALE:

- Assures for the health and safety of children.
- For residential pools, regular testing of the chemical levels and taking the appropriate measures assures for the control of bacteria and algae.

TECHNICAL ASSISTANCE:

- For lakes, streams and rivers, the caregiver must check for the department of public health water advisories or a posting at the site of any water hazards.
- **Refer to R 400.1911(6) regarding the supervision of children during water activities.**

R 400.1921 Water hazards and water activities.

(6) Public swimming areas may be used only if a lifeguard is present.

RATIONALE:

- Drownings account for a higher rate of death than does illness.
- Small children can drown within 30 seconds and most children drown within a few feet of safety.
- Assures for the safety and welfare of children by having a trained individual immediately available in case of an emergency.

TECHNICAL ASSISTANCE:

- A lifeguard must be certified and should have available a valid WSI (Water Safety Instructor) card.
- **Refer to subrules (7), (8), (9), (10), and (11) of this rule for additional water activity requirements.**

R 400.1921 Water hazards and water activities.

(7) If there are 2 groups of children, 1 group in the water and 1 group out of the water, then the adult/child ratios, as required in R 400.1910, shall be maintained for each group, with the exception that the in-the-water adult/child ratio for children under 3 years of age shall be 1-to-1 at all times.

RATIONALE:

- Small children can drown within 30 seconds, in as little as two inches of liquid.
- An estimated 50 infants and toddlers drown each year in buckets containing liquid used for mopping floors and other household chores.
- Most children drown within a few feet of safety.

TECHNICAL ASSISTANCE:

- A 1-to-1 in-the-water adult to child ratio does not apply to wading pools.
- If a group of children are playing in the swimming pool and a second group of children are engaged in a separate activity out of the pool, a second adult is required.

R 400.1921 Water hazards and water activities.

(8) Rescue equipment shall be readily accessible at all times.

RATIONALE:

- Drowning accounts for a higher rate of death than does illness.
- Rescue equipment is essential for the safety and well being of children.

TECHNICAL ASSISTANCE:

- Rescue equipment may include, but is not limited to, a ring buoy and rope, a rescue tube, a throwing line, a shepherd's hook or a reaching pole.
- This rule applies to all water activity areas, on or off the child care premises.

R 400.1921 Water hazards and water activities.

(9) A working telephone shall be immediately accessible in the water activity area.

RATIONALE:

Assures there is a working telephone readily available in case of an emergency.

TECHNICAL ASSISTANCE:

- If the water activity is not on the premises, a charged and working cell phone is acceptable.
- Adult caregiving staff must assure that a working telephone is immediately accessible before children enter the water.

R 400.1921 Water hazards and water activities.

(10) A caregiver shall obtain, and keep on file, written permission from a child's parent for the child's participation in either of the following:

- (a) Before each outdoor water activity at a swimming pool, lake, or other body of water off the child care home premises.
- (b) Seasonally for water activities occurring on the child care premises.

RATIONALE:

- Assures that parents have the right to approve whether their children engage in water activities.
- Assures that parents know the whereabouts of their children each day.

TECHNICAL ASSISTANCE:

- Refer to R 400.1920 (7), which prohibits children from riding recreational or motorized vehicles.
- R 400.1952 (4) requires a first aid kit be accessible at all times when children leave the child care premises.

CONSULTATION:

Prior to the first water activity of the season, the caregiver may want to obtain from the parent the:

- Child's previous water activity experience.
- Child's swimming ability.
- Need for a life jacket or flotation device.

Regardless of the parent's statement about a child's swimming ability, the home should assess each child's swimming ability.

Red Cross guidelines state that for a child to be considered a **swimmer**, the child must meet all of the following criteria:

- Keep afloat for 5 minutes by any means possible.
- Swim the length of the pool, using any stroke for a minimum of 25 yards.
- Perform both of the above without the use of a flotation device.

R 400.1921 Water hazards and water activities.

(11) The emergency plan in R 400.1945 shall include procedures for water emergencies.

RATIONALE:

- Drownings account for a higher rate of death than does illness.
- Small children can drown within 30 seconds and most children drown within a few feet of safety.
- Caregiving staff must know the plan for dealing with an emergency situation when a child requires immediate care and attention.

TECHNICAL ASSISTANCE:

The caregiver is responsible and accountable for:

- Attending to the needs of the injured child as the first priority.
- Attending to the needs of the other children.
- Assuring the parent is called as soon as possible once the child's immediate needs have been met.

Refer to R 400.1945(1) for technical assistance on developing emergency procedures.

R 400.1922 Nighttime care.

(1) In a home where children are in care between the hours of midnight and 6 a.m., not more than 2 adjoining floor levels shall be used at any 1 time to sleep children.

RATIONALE:

Assures for the safety and welfare of children.

TECHNICAL ASSISTANCE

Adjoining floor levels means any two floors that are connected by 3 or more steps.

R 400.1922 Nighttime care.

(2) If the caregiving staff and children in care are sleeping, then at least 1 caregiving staff shall be on the same floor level as the sleeping children.

RATIONALE:

Assures for the safety and protection of children in case of a fire or emergency.

R 400.1922 Nighttime care.

(3) Homes shall not use a third or higher floor as a resting or sleeping area for children in care unless there are 2 stairways to ground level.

RATIONALE:

Assures for the safe evacuation of children in case of a fire or emergency.

R 400.1923 Diapering and toilet learning.

(1) Diapering of infants and toddlers shall only occur in a designated changing area.

RATIONALE:

A separate area for diaper changing or changing of soiled clothing reduces the contamination of other parts of the child care environment.

TECHNICAL ASSISTANCE:

Refer to subrule (2) of this rule regarding guidelines for the diaper changing area.

R 400.1923 Diapering and toilet learning.

(2) The designated changing area shall comply with all of the following:

- (a) Be used exclusively for changing wet or soiled diapers or underwear.
- (b) Be located away from food preparation and meal service areas.
- (c) Have access to a hand washing sink that is not used for food preparation.
- (d) Have a nonabsorbent, easily sanitized surface with a changing pad between the child and the surface.
- (e) Be cleaned and sanitized after each use.
- (f) Have diapering/changing supplies within easy reach.
- (g) Have a plastic-lined, tightly covered container exclusively for disposable diapers and diapering supplies that shall be emptied and sanitized at the end of each day.

RATIONALE:

- Assures for the safety and welfare of children.
- Reduces the contamination of the child care environment and the transmission of disease.
- Covered containers assure wet or soiled diapers are inaccessible to children and eliminate odor.

TECHNICAL ASSISTANCE:

- Sanitizing as noted in subrule (c) of this rule means to:
 - Submerge the item or wipe or spray it with a solution of 1 Tbsp. Of chlorine bleach to 1 gallon of water. This solution must be made fresh daily.
 - Air dry the item for at least 2 minutes.
- Commercial sanitizers may be used, but caution should be exercised to assure they are used according to the manufacturers recommendations.
- Cleaning and sanitizing of the diaper changing surface is required, even when disposable paper liners are used.
- Carpeted floors and furniture are not considered non-absorbent surfaces.
- If the changing pad cannot be cleaned and sanitized after each use, then it must be changed between each diapering.
- Any plastic covered changing pad must be replaced if it becomes torn. It cannot be repaired by placing tape over the tear, as bacteria can be absorbed, leading to the spread of diseases.

R 400.1923 Diapering and toilet learning.

(3) Diapers or training pants shall be changed when wet or soiled.

RATIONALE:

- Prolonged contact of the skin with urine, feces, or both, causes irritation, which then leads to common diaper dermatitis and other serious illnesses.

CONSULTATION:

The following best practices are recommended for diaper changing:

- Get organized by washing hands and having the necessary supplies at the diaper changing area, before bringing the child to the changing area.
- Carry child to the changing table, keeping soiled clothing away from you and any

areas that cannot be easily cleaned and sanitized after the change.

- Place the child on the diaper changing surface.
- Remove the soiled diaper and clean the child.
- Put on a clean diaper and dress the child.
- Wash the child's hands and return the child to a supervised area.
- Clean and sanitize the diaper changing surface.
- Wash your hands and record the diaper change in the child's daily log.

R 400.1923 Diapering and toilet learning.

(4) Only single use disposable wipes or other single use cleaning cloths shall be used to clean a child during the diapering or toileting process.

RATIONALE:

Single use of wipes or cleaning cloths eliminates the transmission of germs.

R 400.1923 Diapering and toilet learning.

(5) If cloth diapers/training pants are provided by the parent, then soiled diapers/training pants shall be placed in an individual, securely tied plastic bag and returned to the parent at the end of the day.

RATIONALE:

- Helps to eliminate the transmission of germs.
- Containing and minimizing the handling of soiled diapers reduces the chance that other surfaces are contaminated, which prevents the spread of infectious disease.

TECHNICAL ASSISTANCE:

This rule allows for the dumping of a soiled diaper but does not allow any rinsing of a soiled diaper.

R 400.1923 Diapering and toilet learning.

(6) Toilet learning shall be planned cooperatively between the parent and the caregiver so that the toilet routine established is consistent.

RATIONALE:

Assures for consistency and continuity between the caregiving staff and the parent, which reduces confusion for the child.

TECHNICAL ASSISTANCE:

The toilet routine established cannot violate R 400.1913(3), *Discipline*, even if parental permission is given.

CONSULTATION:

OCAL Pub 686—*Toilet Training and the Toddler* is available on the department's website.

R 400.1923 Diapering and toilet learning.

(7) If toilet learning equipment, such as potty chairs and modified toilet seats, are used, then the following shall apply:

- (a) They shall be able to be easily cleaned and sanitized.
- (b) Potty chairs shall be emptied, rinsed, and sanitized after each use.

RATIONALE:

- Reduces the contamination of the child care environment.
- Reduces the transmission of disease.

TECHNICAL ASSISTANCE:

- Sanitizing as noted in subrule (c) of this rule means to:
 - Submerge the item or wipe or spray it with a solution of 1 Tbsp. of chlorine bleach to 1 gallon of water. This solution must be made fresh daily.
 - Air dry the item for at least 2 minutes.
- Commercial sanitizers may be used, but caution should be exercised to assure they are used according to the manufacturers recommendations.
- Potty chairs cannot be rinsed in a food preparation/kitchen sink.

R 400.1923 Diapering and toilet learning.

(8) If disposable gloves are used, then they shall only be used once for a specific child and be removed and disposed of in a safe and sanitary manner immediately after each diaper change.

RATIONALE:

Using a pair of gloves only once and disposing of them immediately will reduce the transmission of germs.

TECHNICAL ASSISTANCE:

- The use of gloves is not required.
- The use of gloves does not eliminate the need for washing hands with soap and water after each diapering.

CONSULTATION:

If using gloves, the following best practice is recommended based on the National Health and Safety Performance Standards:

- Put on a clean pair of gloves.
- Provide the appropriate care.
- Remove each glove carefully by grabbing the first glove at the palm and stripping it off. Touch dirty surfaces only to dirty surfaces.
- Ball-up the dirty glove in the palm of the other gloved hand.
- Using the clean hand, strip the glove off from underneath at the wrist, turning the glove inside out. Touch dirty surfaces only to dirty surfaces.
- Discard the dirty gloves immediately and wash your hands.

R 400.1924 Hand washing.

(1) All caregiving staff shall wash their hands appropriately and in the following manner:

- (a) Before and after all of the following:
 - (i) Preparing and serving food, eating, and feeding;
 - (ii) Giving medication.
- (b) After all of the following:
 - (i) Diapering.
 - (ii) Using the toilet or helping a child use the toilet.
 - (iii) Handling bodily fluids, such as mucus, blood, vomit, from sneezing, wiping, and blowing noses, from mouths, or from sores.
 - (iv) Handling animals and pets.
 - (v) Cleaning or handling garbage.

RATIONALE:

- The most important way to reduce the spread of infection is through proper handwashing.
- Unwashed or improperly washed hands are the primary carriers of infections.
- Deficiencies in handwashing may contribute to outbreaks of diarrhea among children and caregiving staff and can lead to other serious illnesses.

TECHNICAL ASSISTANCE:

General handwashing procedure includes the following steps:

- Wet hands under warm running water.
- Apply soap.
- Vigorously rub hands together for at least 10-15 seconds to lather all surfaces of the hands.
- Thoroughly rinse hands under warm running water.
- Dry hands.

NOTE: A quick pass under the faucet to dampen hands IS NOT an effective way to wash hands.

R 400.1924 Hand washing.

(2) Caregiving staff shall assure that children wash their hands at the following times:

- (a) Before and after meals, snacks, or food preparation experiences.
- (b) After toileting or diapering.
- (c) After contact with any bodily fluids.
- (d) After playing in sand or water.
- (e) After handling animals and pets.
- (f) When soiled.

RATIONALE:

- The most important way to reduce the spread of infection is through proper handwashing.
- Unwashed or improperly washed hands are the primary carriers of infections.
- Deficiencies in handwashing may contribute to outbreaks of diarrhea among children and caregiving staff and can lead to other serious illnesses.

TECHNICAL ASSISTANCE:

General handwashing procedure for all age children includes the following steps:

- Wet hands under warm running water.
- Apply soap.
- Vigorously rub hands together for at least 10-15 seconds to lather all surfaces of the hands.
- Thoroughly rinse hands under warm running water.
- Dry hands.

NOTE: A quick pass under the faucet to dampen hands IS NOT an effective way to wash hands.

R 400.1924 Hand washing.

(3) Hand sanitizers and wipes may be used as a temporary measure during outings, such as field trips and outdoor activities, until soap and running water are available.

RATIONALE:

- Hand sanitizers and wipes do not effectively clean hands.
- Soap lather loosens soil and brings it to the surface on the hands. Running water over the hands removes the soil, including infection-causing bacteria.

TECHNICAL ASSISTANCE:

Refer to subrules (1) and (2) of this rule for the specific times when hand washing is required for children and caregiving staff.

R 400.1931 Food preparation and service.

- (1) Each child shall be provided with nutritional and sufficient food as required by the minimum meal requirements of the child care food program, as administered by the Michigan department of education, based on the national research council's recommended dietary allowances for appropriate age groups, unless parents provide the food.

RATIONALE:

- The child care food program regulations, policies and guidance materials on meal requirements provide the basic guidelines for good nutrition and sanitation practices.
- The guidelines for meals and snack patterns ensure that the nutritional needs of infants and children are met based on current scientific knowledge.
- Meals and snacks should be nutritious as they are often a significant part of a child's daily intake.

TECHNICAL ASSISTANCE:

Refer to the USDA Food Pyramid for further information at www.usda.gov/

CONSULTATION:

The following best practices are recommended:

- Parents who supply the food should be encouraged to provide nutritional food for their children.
- Additional information about building good eating habits can be obtained from *The Dairy Council of Michigan* at 1-800-241-6455.
- Children up to 24 months old who are not on formula should receive whole milk for growth and development, unless otherwise specified by a physician. Babies require the fat they receive from whole milk for brain tissue development, which skim milk and 2% milk do not provide.
- Caution should be exercised if powdered milk is used to assure that it is prepared in the proper proportions and in a safe manner.
- Check with parents regarding food allergies children may have.
- Meals and snacks should be provided to children based on:
 - Individual needs of children;
 - Ages of the children;
 - American Academy of Pediatrics recommended length of time between meals and snacks.
- There are various USDA-administered food programs throughout the state that provide nutritional information and guidelines, and partial reimbursement for food expenditures to eligible participants. Visit www.cacfp.org for more information.
- OCAL PUB 242--*Snacks That Count* is available on the department's website.

R 400.1931 Food preparation and service.

- (2) Children shall be offered food at intervals as individually appropriate, but not to exceed more than 4 hours unless the child is asleep.

RATIONALE:

- Young children need to be fed often.
- Small feedings of nourishing food should be scheduled over the course of the day to ensure that the child's daily nutritional needs are met.

CONSULTATION:

The following best practices are recommended by the American Academy of Pediatrics for meal time intervals:

- Children in care for 8 or fewer hours should be offered at least one meal and two snacks or two meals and one snack.
- Children in care for more than 8 hours should be offered at least two meals and two snacks or three snacks and one meal.

R 400.1931 Food preparation and service.

(3) Drinking water shall be available at all times.

RATIONALE:

- Drinking water is good for hydration and reduces the acid in the mouth, which contributes to early childhood tooth decay.
- Drinking water during the day will reduce the intake of extra calories (from fruit juices) that are associated with obesity and tooth decay.

CONSULTATION:

Children under 12 months of age:

- Can be given too much water and suffer from “water intoxication” or over-hydration.
- Have different body compositions than adults, so they are more vulnerable to water imbalance, especially in hot weather.

Some symptoms of water intoxication include:

- Pale-colored urine.
- More than six to eight wet diapers per day.
- Seizures that may include facial movement, lip smacking and arrhythmic jerking of a body part.

Ways to prevent water intoxication include the following:

- Do not dilute formula unless directed to do so by the child’s physician. Diluting reduces the amount of nutrients the child receives.
- Babies under 6 months should not receive more than six to eight ounces of water, juice, Jell-O water or electrolyte replacement solutions in addition to their daily formula intake.
- Babies ages 6 months to one year should not receive more than eight to twelve ounces of fluids, in addition to their daily formula intake, unless ordered by the child’s physician.
- Be aware of special circumstances when the child needs more fluids than usual: in extremely hot weather or if the child has diarrhea or is vomiting.
- Know that other foods and fluids contain a lot of water, such as infant formula and baby food, which contains 85-90% water.

Children over a year old:

- Need to have water readily available to prevent dehydration.
 - Dehydration is the loss of water and salts from the body.
 - Severe dehydration can cause death.

Some signs of early or mild dehydration include:

- Flushed face.
- Extreme thirst or unable to drink.
- Dry, warm skin.
- Unable to pass urine or reduced amounts that are dark yellow.
- Dizziness made worse when standing.
- Weak, sleepy or irritable.
- Cramping in the arms and legs.
- Crying with few or no tears.
- Headaches.
- Dry mouth, dry tongue, and thick saliva.

R 400.1931 Food preparation and service.

(4) Food shall be prepared, served, and stored in a safe and sanitary manner.

- (a) Food served to children individually or family style shall be discarded at the end of the meal if not eaten.
- (b) Prepared food that has not been served to individuals or placed in family-style containers shall be promptly covered after preparation and stored appropriately.

RATIONALE:

Assures that food is not contaminated prior to, during or after meals are prepared and served.

TECHNICAL ASSISTANCE:

The caregiving staff are responsible and accountable for:

- Assuring that food is prepared and served on clean, sanitized surfaces.
- Assuring that food items that require refrigeration are properly refrigerated or kept in thermal containers capable of keeping the food cold.
- Assuring that commercially packaged baby food that has been served from the jar is discarded after the feeding.
- Assuring that food other than canned goods are stored off the floor.
- Assuring that all foods, including sack lunches, are protected from potential contamination at all times. Foods should not be stored near toxic or poisonous materials, or under exposed or unprotected sewer lines.

CONSULTATION:

The environmental health department recommends the temperature inside a refrigerator be kept at 42-45 degrees F.

R 400.1931 Food preparation and service.

(4) Food shall be prepared, served, and stored in a safe and sanitary manner.

- (c) Infants and toddlers shall not be served or allowed to eat foods that may easily cause choking including, but not limited to, popcorn and uncut round foods such as grapes, seeds, nuts, hard candy, and hot dogs.

RATIONALE:

- Infants and toddlers often swallow pieces of food without chewing them.
- 90% of fatal chokings occur in children younger than 4 years of age.

TECHNICAL ASSISTANCE:

- *For the purposes of this rule, infants and toddlers include children 30 months of age and younger.*
- Examples of food choking hazards include, but are not limited to, hot dogs (whole or sliced into rounds), raw carrot rounds, peas, hard pretzels, chips, peanuts, marshmallows, spoonfuls of peanut butter, large chunks of meat, small bite size crackers and cheese cubes.

CONSULTATION:

- The presence of molars is a good indication of a child's ability to chew hard foods that are likely to cause choking.
- For infants, foods need to progress from pureed to ground to finely mashed to finely chopped, as the infant develops. Chopped food should be cut into small pieces no larger than 1/4-inch cubes or thin slices.
- For toddlers, foods should be cut up in small pieces no larger than 1/2-inch cubes.
- All children should be seated while eating to avoid choking on food.

R 400.1931 Food preparation and service.

- (5) If a parent has agreed to provide the food, then the caregiver shall have a written agreement from the parent and shall be responsible for providing adequate food if the parent does not.

RATIONALE:

The caregiver has a responsibility to follow feeding practices that promote optimum nutrition, which support growth and development in all children.

TECHNICAL ASSISTANCE:

The caregiver must have food available if the parent agreed to provide the food but does not do so.

OCAL 3900--*Child in Care Statement Form* may be used to document this written agreement.

CONSULTATION:

Best practice is for the caregiver to discuss proper nutrition with parents when necessary.

R 400.1931 Food preparation and service.

- (6) Food brought by parents shall be labeled with the child's name and, if perishable, shall be refrigerated.

RATIONALE:

- Assures for the safety and well being of children.
- Assures children receive the food that was intended for them.

R 400.1931 Food preparation and service.

(7) If home canned foods are served, then parents shall be informed.

RATIONALE:

Parents have a right to know and make a decision about the food their children eat.

CONSULTATION:

The following best practice is recommended:

- "Home canned" foods should be canned in accordance with the latest Cooperative Extension Service/Health Department guidelines for home canned food preparation.

R 400.1931 Food preparation and service.

(8) Unpasteurized products shall not be used.

RATIONALE:

A small dose of infectious or toxic material can lead to serious illness.

TECHNICAL ASSISTANCE:

- Pasteurization means the partial or complete sterilization of liquids to destroy disease producing micro-organisms limiting fermentation.
- Examples of unpasteurized products include raw unpasteurized milk products, unpasteurized apple cider, unpasteurized fruit juices and raw or under cooked eggs.
- Freshly squeezed fruit or vegetable juices prepared in the child care facility just prior to serving are permissible.

R 400.1931 Food preparation and service.

(9) Children shall be encouraged to taste new foods, but shall not be required to eat anything they do not want.

RATIONALE:

To broaden children's experiences with food.

TECHNICAL ASSISTANCE:

"Encouraged" means offered to the child, but not forced to taste or eat.

CONSULTATION:

Best practice is to sit with the children during meal time to promote positive interactions and model proper table manners.

R 400.1931 Food preparation and service.

(10) Bottles used for feeding shall be labeled with the child's name and date, and refrigerated.

RATIONALE:

- The identification of bottles prevents the chance of cross-infection and contamination.
- The dating of bottles allows for the monitoring of spoilage.

TECHNICAL ASSISTANCE:

Bottles prepared and brought from home and/or prepared at the child care home, must be labeled and dated regardless of the number of children using bottles.

CONSULTATION:

The following best practices are recommended:

- Bottles of formula from powder and concentrate or ready-to-feed formula should be discarded after 48 hours if not used, according to The American Academy of Pediatrics.
- Unused breast milk should be discarded after 48 hours if refrigerated or by three months if frozen.
- Frozen breast milk thawed in the refrigerator or under cold running water should be discarded after 24 hours, if not used.
- Formula should never have excessive shaking because it may cause foaming that increases the likelihood of feeding air to the infant.

Bottles of milk or formula may be fed cold. If warmed, the following methods are recommended:

- Under running warm tap water.
- By placing the bottle in a container of water, such as a slow cooker or crock-pot, that is no warmer than 120 degrees.
- In a bottle warmer made specifically for this purpose.

R 400.1931 Food preparation and service.

(11) The contents of a bottle that has been used for feeding for a period that exceeds 1 hour from the beginning of the feeding, or has been unrefrigerated for 1 hour or more shall be discarded.

RATIONALE:

- Bacteria from saliva make formula or milk consumed over a period of more than an hour unsuitable and unsafe for consumption.
- Bottles of formula or milk that have been unrefrigerated for one hour or more provide an ideal medium for bacteria to grow.

TECHNICAL ASSISTANCE:

Refer to subrule (10) of this rule for requirements on the handling and storing of breast milk.

CONSULTATION:

The following best practice is recommended:

- Caregivers may consider filling bottles with smaller amounts of formula or using smaller bottles if infants regularly do not consume an entire bottle during a feeding period.

R 400.1931 Food preparation and service.

(12) Children shall not have beverage containers while they are in bed or while they are walking around or playing. The propping of bottles shall be prohibited.

RATIONALE:

- Children who walk around with beverage containers have an increased risk for injury.
- A glass container is a safety hazard if the container is dropped and breaks.
- Promotes safety and good oral health for children.
- Bottle propping can:
 - Cause choking and aspiration.
 - Contribute to long-term health issues, including ear infections, orthodontic problems and speech disorders.

TECHNICAL ASSISTANCE:

A beverage container is any container that holds liquid including but not limited to bottles, sippy cups, juice boxes and glasses.

NOTE: Consultants shall cite a violation with R 400.1911(1), appropriate care and supervision, if they observe a child sipping from another child's beverage container.

CONSULTATION:

Best practice is to hold infants for bottle feeding except when infants resist being held and are able to hold their own bottles.

R 400.1932 Home maintenance and safety.

(1) The structure, premises, and furnishings of a child care home shall be in good repair and maintained in a clean, safe, and comfortable condition.

RATIONALE:

Assures that children are in a safe environment and less likely to be injured.

TECHNICAL ASSISTANCE:

The consultant is responsible for assessing all areas of the home and premises for safety, not just the space used for child care.

The caregiver is responsible and accountable for assessing the home, including but not limited to:

INSIDE THE HOME

- Overall cleanliness and odor of rooms.
- Floors and carpets are safe and clean for walking, crawling, and playing.
- Carpets where children play are immediately cleaned when contaminated with saliva, vomit, feces, urine, nasal discharge or other bodily discharges.
- Rooms are free of unnecessary and excessive clutter.
- All furnishings accessible to children are sturdy, clean and in good repair.
- Electrical outlets and switches have cover plates.
- Electrical outlets not in use have safety plugs.

- Light bulbs in the child use areas have protective coverings.
- All cords (drapes, blinds, appliances) are out of reach of children.
- Trash and garbage are inaccessible to children.
- Fireplace hearths or other structures or furnishings with sharp corners or hard surfaces are protected.
- Home is free of insects and rodents.

OUTSIDE THE HOME

- If garages or storage structures are accessible to children, all potentially hazardous materials or equipment should not be accessible to children.
- Yard is free of hazards, such as standing water or tripping hazards.
- Yard is free of clutter, debris, trash, animal waste, and garbage.
- Outdoor play area is protected from hazards such as busy roads, water, railroad tracks, electric fence, etc.
- Outdoor grill and barbeque equipment must be covered or inaccessible to children.
- Poisonous plants [refer to R 400.1920 (1) for a list of some common outdoor toxic plants/trees and tips to prevent plant poisoning.]

WATER HAZARDS

- A water hazard is any area in which water accumulates to a level in which a child can drown. Examples of accumulations of water include:
 - Swimming pools
 - Ponds or lakes
 - Streams or rivers
 - Canals, ditches or drains
 - Decorative landscape ponds
 - Hot tubs/spas
 - Wading pools
 - Bathtub
 - Mop bucket/pail
- Swimming pools, if used for child care, should be chemically treated according to the manufacturer's guidelines.

R 400.1932 Home maintenance and safety.

(2) All dangerous and hazardous materials or items shall be stored securely and out of the reach of children.

RATIONALE:

Assures that children are in a safe environment and less likely to be injured.

TECHNICAL ASSISTANCE:

- Hazardous materials or items, including but not limited to:
 - Cleaning and laundry supplies, alcohol, pesticides, fertilizers, chemicals, medications, cosmetics, and personal care items.
 - Poisonous plants, including but not limited to, philodendron, rhododendron, English ivy, dieffenbachia, ivy and poinsettia.
- Dangerous materials or items, including but not limited to:
 - Bow and arrows, sharp objects or knives, pizza cutters, plastic bags, kitchen wrap boxes with serrated edges, small electrical appliances, matches, lighters and items that pose a choking hazard.
- **Refer to R 400.1935 regarding the safe storage of firearms.**

R 400.1932 Home maintenance and safety.

(3) All steps, stairs, porches, and elevated structures to which children in care have access shall be protected to prevent falls and shall be free of ice and snow accumulation.

RATIONALE:

Assures that children are in a safe environment and less likely to be injured from a fall, both inside and outside the home.

TECHNICAL ASSISTANCE:

Doors, gates, or other barriers are required to prevent child access to steps or stairs.

CONSULTATION:

The following best practice is recommended:

- Steps, stairs, porches, elevated structures, including decks and protective railings should not contain openings greater than 3 ½ inches to prevent head or body entrapments.

R 400.1932 Home maintenance and safety.

(4) Three or more steps, or a total rise of 24 inches or more, shall require a handrail.

RATIONALE:

Assures that children are in a safe environment and less likely to be injured from a fall while in care, both inside and outside the home.

TECHNICAL ASSISTANCE:

Total rise is determined by measuring the distance from ground level to the landing.

R 400.1932 Home maintenance and safety.

(5) Parents shall be notified before pesticide or fertilizer treatments.

RATIONALE:

Assures for the health and safety of children, parents and caregiving staff.

TECHNICAL ASSISTANCE:

- Parents should be notified of all pesticide and fertilizer treatments regardless of:
 - Who applies the treatment.
 - When the treatment occurs.
 - Children should not have access to the treated areas, whether inside or outside, as outlined by the manufacturer's instructions.

R 400.1932 Home maintenance and safety.

(6) There shall be no flaking or deteriorating paint on interior and exterior surfaces, equipment, and toys accessible to children.

RATIONALE:

- Assures for the health and safety of children, parents and caregiving staff.
- Paints made before 1978 may contain lead. Lead-based paint is the most common source of lead poisoning in children.
 - Most children with lead poisoning do not look or act sick.
 - Ingestion of lead paint can result in high levels of lead in the blood, which affects the central nervous system and can cause mental retardation.
 - Lead poisoning has no cure and the effects cannot be reversed once the damage is done.
 - Even at low levels of exposure, lead can cause a reduction in a child's IQ and attention span, and result in reading and learning disabilities, hyperactivity and behavioral difficulties. It can affect a child's ability to learn, succeed in school and function later in life.
- Children through 5 years of age are at the greatest risk for lead poisoning.

TECHNICAL ASSISTANCE:

- A licensing consultant may request an environmental health inspection of the home if flaking or deteriorating paint is observed.
- Any removal or abatement of flaking or deteriorating lead-based paint on interior or exterior surfaces, equipment or toys should be done in accordance with the health department regulations.

CONSULTATION:

- Prior to 1978 outdoor play equipment was commonly painted with lead-based paint, which makes the paint last longer.
- Symptoms of low levels of lead in a child's body may be subtle behavioral changes, irritability, low appetite, weight loss, sleep disturbances, and shortened attention span.
- Lead testing kits are available at local home improvement and hardware stores.
- The local health department is a resource for lead paint testing. Additional information on lead poisoning may be found at www.gettheleadout.org/

R 400.1932 Home maintenance and safety.

(7) Open-flame devices and candles shall not be used, except for birthdays or religious celebrations.

RATIONALE:

Assures for the safety and well being of children.

TECHNICAL ASSISTANCE:

- Open-flame devices include, but are not limited to, candles, matches, lighters, tea lights, votives, kerosene lanterns and sterno cans.
- The use of birthday or religious celebration candles requires direct adult supervision.

R 400.1933 Water supply; sewage disposal; water temperature.

(1) The water supply shall be from an approved source.

RATIONALE:

To assure the water supply is safe and does not contain dangerous substances or spread disease or filth.

TECHNICAL ASSISTANCE:

- Private water supplies require an environmental health inspection by the local environmental health authority. Their findings and recommendations are considered when determining compliance with this rule.
- Water with a high nitrate level (10 parts per million or more), or the presence of coliform or e-coli bacteria, is unsafe.

R 400.1933 Water supply; sewage disposal; water temperature.

(2) All sewage shall be disposed of through a public system or, in the absence thereof, in a manner approved by the environmental health authority.

RATIONALE:

Raw sewage is a serious health hazard and can contaminate ground water and drinking water.

TECHNICAL ASSISTANCE:

Private septic systems require an environmental health inspection by the local environmental health authority. Their findings and recommendations are considered when determining compliance with this rule.

R 400.1933 Water supply; sewage disposal; water temperature.

(3) A child care home shall have a minimum of 1 flush toilet and 1 handwashing sink with hot and cold running water.

RATIONALE:

Assures for the health and safety of children and caregiving staff.

R 400.1933 Water supply; sewage disposal; water temperature.

(4) Hot water temperature shall not exceed 120 degrees Fahrenheit at water faucets accessible to children.

RATIONALE:

- Tap water burns are the leading cause of nonfatal burns.
- Children under 5 are the most frequent victims.

- Water heated to 130 degrees Fahrenheit takes only 30 seconds to burn the skin.
- Water heated to 120 degrees Fahrenheit takes 2 minutes to burn the skin. This may be enough time to remove the child from the hot water source and avoid a burn.

TECHNICAL ASSISTANCE:

Consultants check the water temperature during routine inspections to determine compliance with this rule.

CONSULTATION:

- Anti-scalding devices for bathroom sinks are available on-line or can be purchased at local home improvement or hardware stores.
- A meat thermometer can be used to test the water temperature.

R 400.1934 Heating; ventilation; lighting.

- (1) Each room that is used by children in care shall have adequate ventilation and be maintained at a safe and comfortable temperature so that children do not become overheated, chilled, or cold.
- (a) The temperature shall be not less than 65 degrees Fahrenheit at a point 2 feet above the floor.
- (b) Measures shall be taken to cool the children when the temperature exceeds 82 degrees Fahrenheit.

RATIONALE:

- The health and well-being of both the children and staff is affected by the quality of the air indoors. This air is contaminated with organisms shared among individuals and can sometimes be more polluted than outdoor air.
- Air circulation is essential to clear infectious disease agents in the air. Young children can be more affected than adults. Children who spend long hours inside breathing contaminated air are more likely to develop respiratory problems, allergies and asthma.
- Maintaining the required temperatures is essential for the well-being of children and staff, taking both comfort and health into consideration.
- High humidity can promote the growth of mold, mildew and other agents that can cause eye, nose, and throat irritation and can trigger asthma episodes in people with asthma.

TECHNICAL ASSISTANCE:

- Air conditioning is not a required means of cooling.
- Fans that are inaccessible to children and screened windows are an acceptable method for providing ventilation.

R 400.1934 Heating; ventilation; lighting.

- (2) Windows and doors that are used for ventilation shall be screened and in good repair.

RATIONALE:

Screens prevent the entry of insects, which may bite, sting or carry diseases.

R 400.1934 Heating; ventilation; lighting.

- (3) A carbon monoxide detector, bearing a safety certification mark of a recognized testing laboratory such as UL (Underwriters Laboratories) or ETL (Electrotechnical Laboratory), shall be placed on all levels approved for child care.

RATIONALE:

Carbon Monoxide is a colorless, odorless, poisonous gas formed when carbon-containing fuel is not burned completely and can cause death by asphyxiation.

Carbon Monoxide may come from:

- A car left running in an attached garage.
- A clogged chimney.
- A corroded or disconnected water heater vent pipe.
- Gas or wood burning fireplaces.
- A cracked or loose furnace exchange.
- An improperly installed kitchen range or vent.
- Operating a grill indoors or in a garage.
- Portable kerosene or gas heaters.

TECHNICAL ASSISTANCE:

- Carbon monoxide detectors are available on-line or can be purchased at local home improvement or hardware stores.
- *A carbon monoxide detector will not be required in a home with NO gas/fuel fired appliances (furnace, stove, dryer, hot water heater, etc.).*

R 400.1934 Heating; ventilation; lighting.

- (4) All basements approved for child use shall have levels of radon gases not to exceed 4 picocuries per liter of air. Documentation of the results shall be kept on file in the home.

RATIONALE:

- Radon is a colorless, odorless, tasteless, radioactive gas that occurs naturally.
- Radon can be found in soil, water, building materials and natural gas.
- Radon from the soil is the main cause of radon problems.
- Radon gas, when inhaled, can cause lung tissue damage and is the second leading cause of lung cancer.
- There is no way to tell how much is present unless one tests for it.
- The U.S. Environmental Protection Agency (EPA) states that any radon exposure carries some risk.

TECHNICAL ASSISTANCE:

- Refer to R 400.1901(1)(e) for a definition of basement.
- Basements will not be approved for child care use until test results are on file showing that radon gases do not exceed 4 picocuries per liter of air.

CONSULTATION:

- The EPA considers a radon level of 4 picocuries per liter or greater as elevated and

recommends the home be fixed. A level of 0.20 WL is usually equal to about 4 picocuries per liter in a typical home.

- The Radon FIX-IT Program assists consumers with elevated radon levels of 4 picocuries per liter or higher by providing information that allows them to take the necessary steps toward fixing their homes.
- "Do-it-yourself" radon test kits can be obtained from county health departments. A complete listing can be found at www.michigan.gov/deq, (click on "Air" then "Air Toxics" and then "Radon"). These kits include the test device, postage to mail it back to an out-of-state lab, and the fees for having the device analyzed and a report sent back to you.
- A self-test kit can be found at local hardware or home improvement stores or by contacting the National Safety Council in your area.
- The self-test kit takes 2-4 weeks to complete and obtain results.
- *Based on information from the Department of Environmental Quality, if the initial radon test indicates elevated levels of radon (exceeding 4 picocuries/liter of air), a year-long "Alpha-track" test needs to be completed before more significant and costly measures are taken to remediate the problem. The high levels of radon obtained from a single test, especially in the winter, may not accurately represent levels present during other times of the year. A Corrective Action Plan (CAP) agreeing to conduct an Alpha-track test must be submitted by the registrant/licensee. Upon submission of the CAP, the basement may be approved for child care. If the Alpha-track test indicates radon levels exceeding 4 picocuries/liter of air, further corrective action must be taken to reduce the radon levels. (A sample CAP is available in S:\BFS\BFS Templates\CDC\Forms\Radon CAP.doc.)*

"A Citizen's Guide to Radon" is available from the Environmental Protection Agency, www.epa.gov/radon/pubs/citguide.html.

R 400.1934 Heating; ventilation; lighting.

(5) All child-use areas shall have adequate natural and/or artificial lighting.

RATIONALE:

- Natural lighting is the most desirable lighting. Inadequate lighting has been linked to eyestrain and to headaches.
- The visual stimulation provided by natural light is important to a young child's development.

TECHNICAL ASSISTANCE:

Adequate lighting is necessary in rooms where children are napping to:

- Allow for the supervision of the children.
- Assure for safe exiting in case of an emergency.

R 400.1935 Firearms.

- (1) All firearms shall be unloaded and properly stored in a secure, safe, locked environment inaccessible to children. A secure locked environment shall include a commercially available locked firearms cabinet, gun safe, trigger lock that prevents discharge, or other locking firearm device.
- (2) Ammunition shall be stored in a separate locked location inaccessible to children.
- (3) Firearms shall not be traded or sold on the premises while child care children are present.

RATIONALE:

- The potential for injury and death of young children due to firearms is becoming increasingly apparent.
- Selling firearms on the premises of a child care home greatly increases children's accessibility to them, making the risk of harm or injury more probable.

TECHNICAL ASSISTANCE:

Law enforcement officers who are required to keep their firearms loaded and ready for use at all times, may do so, as long as the firearm is in a locked environment inaccessible to children.

CONSULTATION:

The following best practice is recommended:

- Check with local law enforcement agencies about the availability of free or low cost trigger locks.

R 400.1936 Animals and pets.

- (1) Parents shall be notified of the animals and pets in the home.

RATIONALE:

Parents have a right to know if and when their children may come into contact with animals.

CONSULTATION:

OCAL Pub 685—*Animals and Children: Friends or Foes?* is available on the department's website.

R 400.1936 Animals and pets.

- (2) Animals and pets that are potentially aggressive or in poor health shall be separated from children in care at all times.

RATIONALE:

- Assures for the health and safety of children.
- A gentle animal can become dangerous and aggressive when it protects itself from harmful behaviors by children.
- An aggressive or shy animal can seriously injure a trusting child.

- Animals can be a source of illness for people.
- People can be a source of illness for animals.

TECHNICAL ASSISTANCE:

The caregiver is fully responsible and accountable for safeguarding children, regardless of whether the animal or pet belongs to them or not.

CONSULTATION:

The following best practices are recommended:

- Check with a veterinarian to determine whether the animal/pet is of suitable temperament and size to be around young children.
- Know the animals/pets behaviors and temperament.
- Make sure the animal/pet has been socialized to different people.
- Be aware that animals that have just given birth may be overly protective of their young and therefore, more aggressive than normal.
- Set aside a protected area for the animal/pet to be without being bothered by children.
- Keep a health certificate on file regarding animal immunizations.

OCAL Pub 685—*Animals and Children: Friends or Foes?* is available on the department's website.

R 400.1936 Animals and pets.

(3) Children having contact with animals and pets shall be supervised by a caregiving staff person who is close enough to remove a child immediately if the animal shows signs of distress or the child shows signs of treating the animal inappropriately.

RATIONALE:

- Dog bites cause an average of 10-20 deaths per year and 600,000 injuries per year.
- Dog bites to children under 4 years of age usually occur in a home environment, and the most common injury sites are the head, face and neck.
- Children who lack experience with animals may unknowingly tease the animal resulting in an injury.

TECHNICAL ASSISTANCE:

The caregiver is fully responsible and accountable for safeguarding children, regardless of whether the animal or pet belongs to them or not.

CONSULTATION:

OCAL Pub 685--*Animals: Friends or Foes?* is available on the department's website.

R 400.1936 Animals and pets.

(4) Animals and pets shall not be allowed in food preparation and eating areas during meal or snack time.

RATIONALE:

Assures for the health and safety of children and caregiving staff.

TECHNICAL ASSISTANCE:

Fish are not considered pets, so tanks containing fish are allowed in the food preparation and eating areas.

R 400.1936 Animals and pets.

(5) Litter boxes, pet food and dishes, and pet toys shall be inaccessible to children.

RATIONALE:

Assures for the health and safety of children.

R 400.1941 Heat-producing equipment.

- (1) All flame-producing and heat-producing equipment, including, but not limited to the following shall be maintained in a safe condition and shielded to protect against burns:
- (a) A furnace.
 - (b) A water heater.
 - (c) A fireplace.
 - (d) A radiator and pipes.
 - (e) Wood burning equipment.

RATIONALE:

Assures for the safety and well being of children

TECHNICAL ASSISTANCE:

The caregiver is responsible and accountable for:

- Assuring that the barrier used to shield the heating equipment does not get hot.
- Assuring that the barrier used to shield the heating equipment is stable and does not allow access of children to any part of the equipment.
- Assuring that children do not have access to the pilot light on the gas heating equipment.
- Assuring there is proper ventilation for all wall mounted gas heating units.

NOTE: Heat can be retained for as long as 20 hours after the use of a wood burner, creating a potential hazard for young children.

R 400.1941 Heat-producing equipment.

- (2) Combustible materials and equipment shall not be stored within 4 feet of furnaces, other flame or heat-producing equipment, or fuel-fired water heaters.

RATIONALE:

- Assures for the safety and well being of children.
- Combustible materials fuel fires.

TECHNICAL ASSISTANCE:

- Combustible material and equipment means anything that will burn, including but not limited to: paper, cardboard, clothing, wood items, plastics, sleeping cots and mattresses.
- Permanent structures within 4 feet of the furnace or hot water heater, such as walls, permanently attached shelves, workbenches, etc. do not need to be moved. However, any combustible items on or stored in these structures need to be moved.

R 400.1941 heat-producing equipment.

- (3) Portable heating devices shall not be used when children are in care.

RATIONALE:

- Assures for the safety and well being of children and the caregiving staff.

- Portable heating devices are a common cause of fires, burns and injuries.

TECHNICAL ASSISTANCE:

An electric, moveable fireplace (one not permanently fixed to a wall or floor) is considered a portable heating device and may not be used when children are in care.

R 400.1941 Heat-producing equipment.

(4) Furnaces, other flame or heat-producing equipment used to heat the home, and fuel-fired water heaters shall be inspected by any of the following entities:

- (a) A licensed heating contractor for a fuel-fired furnace.
- (b) A licensed heating contractor or licensed plumbing contractor for a fuel-fired water heater.

RATIONALE:

- Heating equipment is the second leading cause of ignition in fatal house fires.
- Heating equipment that is routinely inspected and kept in good repair ensures that the equipment is working properly and less likely to cause fires.

TECHNICAL ASSISTANCE:

- In addition to furnaces and wood-burning stoves, all other flame or heat-producing equipment requires documentation of an inspection **if** used to heat the home. Equipment includes, but is not limited to:
 - All hot water heaters other than electric
 - Built-in space heaters
 - Fireplaces (wood or gas)
 - Fireplace insert burners
 - Thermal heaters
 - Pellet stoves
 - Heating units located in separate, out-buildings
- For newly built homes, the occupancy permit is acceptable in lieu of an inspection.
- For newly installed furnaces, installation documentation by a licensed heating contractor is acceptable in lieu of an inspection.
- For newly installed furnaces where installation documentation is not available, the caregiver can submit a written statement that the final inspection sticker on the furnace is available for verification by the consultant during the onsite inspection. (This does not apply to family home renewals, as the consultant conducts no on-site inspection at renewal time).
- Electric baseboard heat does not require an inspection.

R 400.1941 Heat-producing equipment.

(5) For group child care homes, the inspection specified in subrule (4) of this rule shall be conducted before the initial license issuance and every 2 years thereafter at the time of license renewal.

RATIONALE:

- Heating equipment is the second leading cause of ignition in fatal house fires.
- Heating equipment that is routinely inspected and kept in good repair ensures that the equipment is working properly and less likely to cause fires.

TECHNICAL ASSISTANCE:

- Per departmental policy, inspections for the furnace and fuel-fired hot water heater must be dated within 1 year of an initial group home license issuance.
- For a new group home, a furnace inspection is not required at the 6 month (original provisional to regular license) renewal.

R 400.1941 Heat-producing equipment.

(6) For family child care homes, the inspection specified in subrule (4) of this rule shall be conducted before the issuance of the certificate of registration and every 3 years thereafter at the time of renewal.

RATIONALE:

- Heating equipment is the second leading cause of ignition in fatal house fires.
- Heating equipment that is routinely inspected and kept in good repair ensures that the equipment is working properly and less likely to cause fires.

TECHNICAL ASSISTANCE:

- Per departmental policy, inspections for the furnace and fuel-fired hot water heater must be dated within 1 year of issuance of the certificate of registration.

R 400.1942 Electrical service; maintenance.

(1) The electrical service of a child care home shall be maintained in a safe condition. When warranted, an electrical inspection by an electrical inspecting authority may be required.

RATIONALE:

Unsafe or broken electrical fixtures and outlets can expose children to serious electrical shock or electrocution.

TECHNICAL ASSISTANCE:

Possible indicators of an electrical problem may include, but are not limited to:

- Exposed, loose, frayed or stripped wires
- Burned wiring
- Buzzing sound at the electrical box
- Inappropriate/misuse of extension cords, especially when used in lieu of permanent wiring.
- Flickering or dimming of the lights.

R 400.1942 Electrical service; maintenance.

(2) All electrical outlets accessible to children shall have safety covers.

RATIONALE:

- Placing fingers or sticking objects into exposed electrical outlets will cause electrical shock, electrical burns and potential fires.
- Serious oral injuries occur when young children insert a metal object into an outlet and then try to use their teeth to extract the object.
- The combination of mouth moisture and electricity closes the circuit, leading to serious life-long injury.

TECHNICAL ASSISTANCE:

Power strips or extension cords with multiple plugs must have each individual plug covered if not in use.

CONSULTATION:

High quality electrical outlets that close automatically or rotate preventing use of the plug are acceptable.

R 400.1942 Electrical service; maintenance.

(3) Electrical cords shall be arranged so they are not hazards to children.

RATIONALE:

- Injuries can occur when children pull on the cord of an appliance, causing it to fall down on them.
- When children chew on an appliance cord, they can reach the wires and suffer disfiguring mouth injuries.
- A slight shock may be fatal to a child with a serious disorder or heart problems.
- Cords can present a tripping hazard, causing injuries.

TECHNICAL ASSISTANCE:

- Electrical cords should not be placed under rugs or carpet, through doorways or across water-source areas.
- Electrical cords should not be frayed or overloaded to prevent a fire or electrical shock.

R 400.1943 Exit and escape requirements for each floor level used by children.

(1) All child care homes shall have at least 2 remotely located exits for every floor level occupied by children.

RATIONALE:

- Assures for the safety of children and caregiving staff in the event of an emergency.
- Remote exits allow for safe evacuation should the primary exit (stairs to the main floor) be inaccessible.

TECHNICAL ASSISTANCE:

- The caregiver is responsible for explaining the plans for safe exiting from all floors used for child care to all assistant caregivers, the designated emergency person, and the children.
- Any basement window used as an exit must open into an area that permits those exiting to reach the ground at grade in a safe manner.
- **Refer to subrule (12)(c) of this rule for specifics regarding exiting into a window well.**

R 400.1943 Exit and escape requirements for each floor level used by children.

- (2) At least 1 exit from each floor level shall provide a direct, safe means of unobstructed travel to the outside at street or ground level.

RATIONALE:

Assures for a fast exit in the event of an emergency.

TECHNICAL ASSISTANCE:

A stairway from the basement or second floor to the main floor is considered a direct exit to the outside.

R 400.1943 Exit and escape requirements for each floor level used by children.

- (3) A window may be used as a second exit if it complies with all of the following provisions:
- (a) Is accessible to children and caregiving staff.
 - (b) Is clearly identified.
 - (c) Can be readily opened.
 - (d) Is of a size and design to allow for the evacuation of all children and caregiving staff.

RATIONALE:

Assures for safe exiting of the children and caregiving staff in case of an emergency where exiting must be through a window.

TECHNICAL ASSISTANCE:

- The consultant may request the caregiving staff and the children in care to demonstrate that they can safely exit from a basement window, if it is being used as the second exit.
- **Refer to subrules (11) and (12) of this rule regarding the specific requirements for using a basement exit window.**

CONSULTATION:

Best practice when exiting a basement through a window is for everyone to be out in less than two minutes.

R 400.1943 Exit and escape requirements for each floor level used by children.

(4) If a level of a home that is above the second floor is used for children in care, then the building shall be of 1-hour-fire-resistive construction and shall have 2 stairways to ground level. At least 1 of the required stairways and all other vertical openings shall be enclosed by, at a minimum, 1-hour-fire-resistive construction to provide a protected means of egress direct to the outside at ground level.

RATIONALE:

Assures for the safe exiting of all children and caregiving staff in case of an emergency.

TECHNICAL ASSISTANCE:

- In a single family dwelling, above the second floor means more than two stories above ground level.
- In an apartment building, one exit may be the door of the apartment or an evacuation window and one exit may be a fire escape.

R 400.1943 Exit and escape requirements for each floor level used by children.

(5) All exits shall be unobstructed and accessible at all times.

RATIONALE:

Unobstructed, clear exits are essential to prompt evacuation in an emergency.

TECHNICAL ASSISTANCE:

- Unobstructed means nothing is in front of or blocking the exits.
- **Refer to subrule (11) of this rule regarding the accessibility of a basement window exit.**

R 400.1943 Exit and escape requirements for each floor level used by children.

(6) The means of egress shall be adequately lit at all times that children are in care.

RATIONALE:

Assures there is adequate lighting for safe passage at any time.

TECHNICAL ASSISTANCE:

- Adequately lit means adequate lighting, which can be natural light, overhead lighting or lamps.
- Stairs from a basement or second floor level may be used as the pathway to exit the home and are therefore, considered a means of egress.

R 400.1943 Exit and escape requirements for each floor level used by children.

(7) Doors located in a required path of escape may have locks. All locking devices that may impede or prohibit emergency exiting, or that cannot be easily disengaged, shall be prohibited when children are in care. Double cylinder locks, key-operated locks, and similar devices are not allowed on any door in a required path of escape.

RATIONALE:

- Children may not be able to disengage a lock, which may stop or slow down their escape in an emergency.
- Children and caregiving staff must be able to safely and quickly evacuate in the event of a fire or other emergency.

TECHNICAL ASSISTANCE:

- *A lock that opens with the turn of a knob, manually engaged deadbolt locks, and hook and eye latches are acceptable as long as they can be easily disengaged so as not to impede or prohibit emergency exiting. Single motion hardware is not required but is acceptable.*
- *Deadbolt locks that require a key to disengage may not be used.*

R 400.1943 Exit and escape requirements for each floor level used by children.

(8) Interior door hardware shall be designed to allow opening from the outside during an emergency if locked.

RATIONALE:

Assures for the safety of the children and caregiving staff.

TECHNICAL ASSISTANCE:

The instrument needed to unlock an interior door must be easily accessible and kept in a location known to all caregivers.

R 400.1943 Exit and escape requirements for each floor level used by children.

(9) All closet door latches shall be such that children can open the door from inside the closet.

RATIONALE:

Assures for the safety of children.

TECHNICAL ASSISTANCE:

A door that opens with one single motion of the door handle and does not require a key or a lock to be turned in order to open it is acceptable.

R 400.1943 Exit and escape requirements for each floor level used by children.

(10) A room or space, including an attic, that is accessible only by a ladder or folding stairway or through a trapdoor shall not be used by children in care.

RATIONALE:

Assures for the safety and well being of children and caregiving staff.

R 400.1943 Exit and escape requirements for each floor level used by children.

(11) Steps and platforms used to access a basement window exit shall be permanently secured to the wall or floor. Ladders shall not be used as a means for exiting. Those homes registered or licensed before the effective date of these rules shall have 1 year to comply.

RATIONALE:

- Assures for a safe, permanent means of exiting in case of an emergency.
- Assures that the means of exiting cannot be moved.

TECHNICAL ASSISTANCE:

- Any request for a modification to add the basement level as child care use space, requires compliance with this subrule and subrule (12), regardless if the home was registered/licensed before the effective date of these rules.
- A photograph or other documentation verifying compliance may be accepted in lieu of an onsite inspection by the consultant.

R 400.1943 Exit and escape requirements for each floor level used by children.

(12) An emergency escape window to the outside is required for basements approved for child use after the effective date of these rules. The following provisions shall apply:

- (a) The window shall be not less than 20 inches wide and 24 inches high, with a minimum area of 5 square feet.
- (b) The bottom of the opening shall be less than 44 inches above the floor.
- (c) If the sill height is below grade, then it shall open into a window well with at least 9 square feet of area, 3 feet in length and width. If the well depth is over 44 inches, then it shall have approved steps.

RATIONALE:

Assures for safe, quick exiting from a basement window in case of an emergency.

TECHNICAL ASSISTANCE:

- A 20" X 24" window does not meet the 5 square feet requirement.
- Acceptable window sizes include but are not limited to:
 - 30" X 24" or larger
 - 20" X 30" or larger.

R 400.1944 Smoke detectors; fire extinguishers.

(1) Operable smoke detectors approved by a nationally recognized testing laboratory shall be installed and maintained on each floor of the home, including the basement, and in all sleeping areas and bedrooms used by children in care.

RATIONALE:

Assures for the safety of children by providing timely notification of a potential fire hazard.

TECHNICAL ASSISTANCE:

The caregiver is responsible and accountable for:

- Assuring that smoke detectors are installed according to the manufacturer's recommendations.
- Assuring that smoke detectors are functional.

If all smoke detectors are hard-wired as part of an alarm system and monitored by an outside source, verification the system works properly is required. Two ways to accomplish this include:

- The outside source tests the system and provides the documentation.
- The caregiver tests the system in the presence of the consultant after first notifying the outside source and the local fire department that the test is being conducted.

R 400.1944 Smoke detectors; fire extinguishers.

(2) Heat detectors may be utilized in kitchens.

R 400.1944 Smoke detectors; fire extinguishers.

(3) A home shall have at least 1 functioning multipurpose fire extinguisher, with a rating of 2A-10BC or larger, properly mounted not higher than 5 feet from the floor to the top of the fire extinguisher, on each floor level that is used by children in care.

RATIONALE:

A fire extinguisher may be necessary for safe exiting.

TECHNICAL ASSISTANCE:

The caregiver is responsible and accountable for assuring that:

- The fire extinguisher is mounted high enough so it is not accessible to children, but is no higher than 5 feet from the floor.
- All assistant caregivers are familiar with the operation of the extinguishers.
- The gauge on the extinguisher has not gone from green to red.
- The pin remains in place.
- The hose and nozzle are attached.
- If the extinguisher is not readily visible, a conspicuous sign is posted which marks its location.

NOTE: A "Halon" extinguisher is acceptable if it has the required "2A -10BC" or larger rating.

CONSULTATION:

Best practice is for fire extinguishers to be serviced yearly by a fire safety company.

R 400.1945 Fire; tornado; serious accident and injury plans.

(1) A written plan for the care of children shall be established and posted for each of the following emergencies:

- (a) Fire evacuation.
- (b) Tornado watches and warnings.
- (c) Serious accident or injury.
- (d) Water emergencies, if applicable.

RATIONALE:

- Emergency situations are not conducive to calm and clear thinking. Having written plans allows for the opportunity to prepare and prevent poor judgments made during an emergency.
- An organized, thorough plan for injury prevention can ensure for a safe environment for children and caregiving staff.

TECHNICAL ASSISTANCE:

The caregiver is responsible and accountable for:

- Assuring that the written *fire plan* includes:
 - The location of the nearest exits, including any window used as a second exit.
 - A list specifically outlining the duties and responsibilities of all caregiving staff.
 - A designated meeting place.
 - The facility address, telephone number and the major cross streets.
 - Location of the fire extinguisher, if it is needed to safely exit.
- Assuring that fire drill practices include exiting through the window exit, if applicable.

NOTE: Fire drill practices do not include exiting through a second or third story window, as these are considered rescue window exits only.

- Assuring that the written *tornado plan* includes:
 - A list specifically outlining the duties and responsibilities of all caregiving staff.
 - The location where caregiving staff and children should take cover.
- Assuring that the *serious accident/injury and water emergency plans* includes the:
 - List specifically outlining the duties and responsibilities of all caregiving staff.
 - Process used for seeking help for the victim and determining if medical treatment is needed.
 - Plan for adequate supervision of the other children in care and if it is a water emergency, removing the other children from the water.
 - Phone numbers for emergency personnel, including Poison Control.
 - Phone number of designated emergency person.
 - Location of the child information cards.
 - Location of emergency supplies.
 - Location of rescue equipment for a water emergency.

NOTE: Plans must be posted on each floor where child care is provided.

CONSULTATION:

The following best practices are recommended:

- Clearly written plans with all of the necessary information to allow anyone to easily follow them, in the event that the caregiver is absent from the home.
- A floor plan showing the location of the nearest exits, including any window used as a second exit.
- Emergency supplies for the tornado shelter include, but are not limited to:
 - Flashlight
 - Battery operated radio
 - Water and snacks
 - First aid kit
 - Extra batteries
 - Emergency cards
 - Diapers and wipes
 - Toys, books, and activity material
 - Pillows and blankets

R 400.1945 Fire; tornado; serious accident and injury plans.

(2) A caregiver shall inform each assistant caregiver and emergency person of the overall evacuation plan and of his or her individual duties and responsibilities in the event of an emergency specified in subrule (1) of this rule.

RATIONALE:

- Emergency situations are not conducive to calm and clear thinking.
- Prepares staff and helps prevent poor decisions from being made under the stress of an emergency.

CONSULTATION:

The following best practices are recommended:

- Be trained on the overall evacuation plan and participate in drills.
- Be trained on their individual duties and responsibilities in the event of an emergency.
- Receive a yearly review of the procedures.

R 400.1945 Fire; tornado; serious accident and injury plans.

(3) Fire drills shall be practiced at least once a month and a written record that includes the date and time it takes to evacuate shall be maintained.

RATIONALE:

- Practicing fire drills on a regular basis helps make the procedure routine for everyone.
- Practicing fire drills fosters calm, competent use of the plans in the event of an emergency.
- The frequent practice of fire drills is essential due to turnover of both staff and children, as well as the changing developmental ability of the children to participate in the drills.

- Smoke inhalation is the most common cause of death in fires.
- When using a basement window smoke rises quickly, so the amount of time for exiting is greatly decreased.

TECHNICAL ASSISTANCE:

- The caregiver must assure that fire drill practices include exiting through the basement window, if the basement level is approved for child care and the second exit is a window.
- The consultant may request that the caregiving staff and the children in care demonstrate they can safely exit from a basement window, if it is being used as the second exit.
- The caregiver may develop a log or use the log on the department's website to document fire drills.

CONSULTATION:

The following best practices are recommended:

- When exiting through a basement window, everyone should be out in less than two minutes.
- Record the amount of time it takes to evacuate, so improvements can be made in the procedures, if warranted.
- Do additional drills at different times of the day to ensure that all caregiving staff and children have an opportunity to practice.

R 400.1945 Fire; tornado; serious accident and injury plans.

(4) Tornado drills shall be practiced once a month, April to October, and a written record that includes the date shall be maintained.

RATIONALE:

Regular drills constitute an important safety practice in areas where natural disasters occur.

TECHNICAL ASSISTANCE:

The caregiver may develop a log or use the log on the department's website to document tornado drills.

CONSULTATION:

The following best practices are recommended:

- Record the amount of time it takes the group to take shelter, so improvements can be made in the procedures, if warranted.
- Do additional drills at different times of the day to ensure that all caregiving staff and children have an opportunity to practice.

R 400.1945 Fire; tornado; serious accident and injury plans.

(5) Smoke detectors shall be used as the alarm for fire drills.

RATIONALE:

Assures a consistent alarm is used that children can readily respond to and recognize.

TECHNICAL ASSISTANCE:

- Smoke detectors may not be used as a tornado alarm.
- The alarm may be activated by pushing the test button or by spraying a product recommended for testing smoke detectors.
- When using a hard-wired smoke detector for drills notify the outside monitoring source and the local fire department immediately prior to conducting the drill.

CONSULTATION:

- Hard-wired system alarms are extremely loud. Most children's homes are equipped with battery-operated alarms that are considerably quieter.
- Best practice is to alert children that the alarm sound will be different from and much louder than the alarm they may hear at home.

R 400.1945 Fire; tornado; serious accident and injury plans.

(6) The records required in this rule shall be retained for a minimum of 4 years.

RATIONALE:

- The department may need past records when conducting a complaint investigation.
- Past records may assist the home in resolving licensing issues.

R 400.1951 Transportation.

(1) A vehicle used to transport children in care shall be maintained in a good, safe working condition.

RATIONALE:

- Assures for the safety and well being of children and caregiving staff.
- Weekly cleaning and inspection helps to ensure that the vehicle remains free of visible accumulation of soil and litter inside and that tires, lights and other safety features of the vehicle are checked and operating effectively.

R 400.1951 Transportation.

(2) The caregiver shall assure that the driver of a vehicle transporting children shall be an adult, have a valid driver's license, and proof of no fault insurance.

RATIONALE:

- Driving children is an important and significant responsibility.
- Anyone who transports children must be competent to drive the vehicle.

CONSULTATION:

Best practice is for the caregiver to verify before each field trip that all drivers have a valid drivers license and proof of no fault insurance.

NOTE: This rule does not require the caregiver to make or keep copies of these documents on file.

R 400.1951 Transportation.

(3) The caregiver shall notify the parents when drivers other than caregiving staff are used to transport children.

RATIONALE:

Parents have the right to know who is transporting their children.

CONSULTATION:

Best practices include but are not limited to:

- Posting a list of the drivers and assigned children.
- Documenting via email, telephone call or parental signature indicating awareness of the arrangement.
- Maintaining a written log.

R 400.1951 Transportation.

(4) Each child passenger restraint device and each safety belt shall be installed, anchored, and used according to the manufacturer's specifications and shall be maintained in a safe working condition.

RATIONALE:

- The provision of mandatory restraints, regardless of the driver or age of the vehicle, ensures the health and safety of the children and caregiving staff.
- When used properly, safety restraints are effective in reducing injury and death.
- The use of child safety seats reduces the risk of death by 71% for children less than a year old and by 54% for children ages 1-4 years.

TECHNICAL ASSISTANCE:

- The caregiver is responsible and accountable for assuring that children are properly restrained by placing only one child per seat belt.
- The use of safety restraints and choice of positioning in the vehicle can be found in the manufacturer's instructions for seat restraints and for the vehicle.
- Current state law on safety belt and child restraint requirements can be found at www.michiganlegislature.org/.

CONSULTATION:

- The best car safety seat is one that:
 - Fits the child being transported.
 - Has never been in a crash.
 - Is used correctly every time.

R 400.1951 Transportation.

(5) The transportation of all children shall be conducted in accordance with existing state law.

TECHNICAL ASSISTANCE:

Current state law on safety belt and child restraint requirements can be found at www.michiganlegislature.org/

R 400.1951 Transportation.

(6) Each child transported shall remain seated and properly restrained by the passenger restraint device appropriate for his or her age as defined by Act 300 of 1949, MCL 257.710d(1), MCL 257.710e(3), (4), and the manufacturer's rated seating capacity.

RATIONALE:

- The provision of mandatory restraints, regardless of the driver or age of the vehicle, ensures the health and safety of the children and caregiving staff.
- When used properly, safety restraints are effective in reducing injury and death.
- The use of child safety seats reduces the risk of death by 71% for children less than a year old and by 54% for children ages 1-4 years.

TECHNICAL ASSISTANCE:

Current state law on safety belt and child restraint requirements can be found at www.michiganlegislature.org/

CONSULTATION:

Incompatibility problems between the design of the car safety seat, vehicle seat, and the seat belt system can be life-threatening and can be avoided by:

- Reading the vehicle instructions carefully;
- Testing the car safety seat for a safe snug fit in the vehicle;
- Having the car seat installation checked by a certified car seat technician at an approved car seat check station in the community;
- Remembering that the rear vehicle seat is the safest place for a child of any age to ride.

R 400.1951 Transportation.

(7) Drivers shall be provided with a copy of the child information card, or comparable facsimile, for the children being transported in their vehicles.

RATIONALE:

Assures drivers have all necessary contact and emergency information readily available.

CONSULTATION:

Best practice is to attach a photo of each child to that child's information card.

R 400.1951 Transportation.

(8) The driver of each vehicle transporting children shall carry in the vehicle, and be familiar with, the contents of a first aid kit. The first aid kit, excluding antiseptics and ointments, shall contain, at a minimum, all of the following:

- (a) Adhesive tape.
- (b) Bandages (assorted sizes).
- (c) Cold pack.
- (d) Disposable gloves
- (e) Gauze pads and roller gauze (assorted sizes).
- (f) Hand sanitizer.
- (g) Plastic bags.
- (h) Scissors and tweezers.
- (i) Triangular bandage.

RATIONALE:

- Caregiving staff must be able to respond to the needs of children in case of an injury or emergency.
- Assures drivers have the necessary supplies readily available to deal with minor injuries.

R 400.1952 Parent permission and notification required, child information cards when off-premises.

(1) The caregiver shall obtain and keep on file written permission from a child's parent before each time a child is transported in a vehicle.

RATIONALE:

- Parents have the right to decide if their children can be transported in a vehicle.
- Assures that parents know the whereabouts of their children at all times.

CONSULTATION:

- Best practice is to maintain records for a minimum of 4 years after the child is no longer in care.
OCAL Pub 687--Keeping Track at all Times: Preventing Lost Children is available on the department's website.

R 400.1952 Parent permission and notification required, child information cards when off-premises.

(2) If the caregiver routinely transports children to and from school, then written parent permission shall be given at least annually.

RATIONALE:

Parents have the right to decide if their children can be transported in a vehicle.

CONSULTATION:

Best practice is to maintain records for a minimum of 4 years after the child is no longer in care.

R 400.1952 Parent permission and notification required; child information cards when off-premises.

(3) The caregiver shall obtain written permission at the time of initial enrollment of a child to go on field trips not involving a vehicle that includes, but is not limited to, walking to a park or in the neighborhood.

RATIONALE:

Assures that parents know the whereabouts of their children at all times.

TECHNICAL ASSISTANCE:

Refer to R400.1901 (n) for a definition of a field trip.

CONSULTATION:

OCAL Pub 687--Keeping Track at all Times: Preventing Lost Children is available on the department's website.

R 400.1952 Parent permission and notification required, child information cards when off-premises.

(4) The caregiver shall have a copy of each child's information card and a first aid kit, containing the items listed in R 400.1951 (8), accessible at all times when children leave the premises.

RATIONALE:

Assures for the safety and well being of children by having emergency information and supplies readily available.

TECHNICAL ASSISTANCE:

- Leaving the premises includes, but is not limited to, walking trips, shopping trips, running errands, picking up children from school or field trips.
- The child information cards and first aid kit shall remain with the caregiving staff person at all times.
- **Refer to R 400.1901 (n) for a definition of a field trip.**
- **Refer to R 400.1951(8) regarding the contents required in a first aid kit.**

R 400.1961 Parent notification of incidents, accidents, illness, or disease required; isolation; sanitation.

- (1) Caregiving staff shall promptly report to a parent any incidents, accidents, suspected illness, or other changes observed in the health of a child.

RATIONALE:

Assures parents receive prompt notification to enable them to make a decision about whether medical treatment is necessary.

TECHNICAL ASSISTANCE:

The caregiving staff are responsible and accountable for:

- Attending to the needs of the sick or injured child as the first priority.
- Attending to the needs of the other children.
- Assuring the parent is called as soon as possible once the child's immediate needs have been met.

R 400.1961 Parent notification of incidents, accidents, illness, or disease required; isolation; sanitation.

- (2) Caregiving staff shall notify a parent of a child who is exposed to a communicable disease so that the child may be observed for symptoms of the disease.

RATIONALE:

Effective control and prevention of infectious diseases in child care depends on the positive relationships between parents and caregivers, as well as the sharing of information.

TECHNICAL ASSISTANCE:

- Under Federal Law it is prohibited to share information with other parents if a child has TB, HIV or Hepatitis B.
- When informing parents of their child's exposure to a communicable disease, the name of the ill child should not be released per PA 116 of 1973, as amended, MCL 722.120 (2), which defines this information as confidential.

CONSULTATION:

OCAL Pub 111—*Communicable Diseases* is available on the department's website.

R 400.1961 Parent notification of incidents, accidents, illness, or disease required; isolation; sanitation.

(3) Caregiving staff shall isolate a child who is too ill to remain in the group in an area where the child can be supervised and made as comfortable as possible.

RATIONALE:

- Assures for the comfort of the ill child.
- Minimizes the spread of illness to other children and the caregiving staff.

TECHNICAL ASSISTANCE:

The caregiving staff are responsible and accountable for:

- Assuring that a child too ill to remain in the group is separated enough from the well children to further prevent a spread of that illness to the other children.
- Assuring that an isolated child can be adequately supervised when separated from the group.

CONSULTATION:

Best practice is to have a policy regarding ill children is to communicate it to parents.

R 400.1961 Parent notification of incidents, accidents, illness, or disease required; isolation; sanitation.

(4) Bedding, toys, utensils, toilets, and lavatories used by an ill individual shall be appropriately cleaned and sanitized before being used by another person.

RATIONALE:

To minimize the spread of illness to other children and to the caregiving staff.

TECHNICAL ASSISTANCE:

The caregiver is responsible and accountable for:

- Assuring that all stuffed toys and dress-up clothing can be laundered in hot water when soiled by children. Otherwise, they should be discarded.
- Assuring that all toys are washed, rinsed, and sanitized when contaminated with saliva, vomit, feces, urine, nasal discharge or other bodily discharges.
- The procedure used for cleaning and sanitizing items soiled by an ill individual includes:
 - Washing the surface or article vigorously with warm water and detergent.
 - Rinsing the item with clean water.
 - Submerging, wiping or spraying the item with a solution of one quarter (1/4) cup of chlorine bleach in one (1) gallon of warm water. This solution must be made fresh daily.
 - Sun or air drying.

Commercial sanitizers may be used but caution should be exercised that they are used according to the manufacturer's recommendations.

CONSULTATION:

OCAL Pub 111 – *Communicable Diseases* is available on the department's website.

R 400.1962 Department notification of injury, accident, illness, death, or fire.

- (1) The caregiver shall make a verbal report to the department within 24 hours of a serious injury, accident, illness, or medical condition of a child, occurring while a child is in care, which results in emergency medical treatment or hospitalization at a health facility, or which results in a death.

RATIONALE:

Informs the department and allows the department to determine if an investigation is warranted based on the circumstances of the incident.

TECHNICAL ASSISTANCE:

- A telephone call or leaving a voice message meets the intent of this rule.
- **Refer to subrule (2) of this rule regarding the mandatory written requirement.**

R 400.1962 Department notification of injury, accident, illness, death, or fire.

- (2) The caregiver shall submit a written report, to the department, in a format provided by the department within 72 hours of the incident.

RATIONALE:

Documents the circumstances of the incident, including actions taken by the caregiving staff.

TECHNICAL ASSISTANCE:

OCAL 4603-- *Incident, Accident, Illness, Death or Fire Report Form* shall be used to document the incident.

R 400.1962 Department notification of injury, accident, illness, death, or fire.

- (3) The caregiver shall report to the department within 24 hours after the occurrence of a fire in the registered or licensed home which results in the loss of property or personal injury.

RATIONALE:

- Documents the circumstances of the incident.
- Informs the department and allows the department to determine if an investigation is warranted based on the circumstances of the incident.

TECHNICAL ASSISTANCE:

- A fire that occurs during non-child care hours, which results in the loss of property or personal injury, must also be reported to the department.
- A telephone call or leaving a voice message meets the intent of this rule.
- **Refer to subrule (2) of this rule regarding the mandatory written requirement.**

R400.1963 Rule variance.

- (1) Upon written request of an applicant or caregiver, the department may grant a variance from an administrative rule if the alternative proposed provides clear and convincing evidence that the health, welfare, and safety of children is protected.

RATIONALE:

Allows the applicant or caregiver to meet the intent of a rule in an alternative ways when special circumstances exist.

TECHNICAL ASSISTANCE:

The caregiver is responsible and accountable for:

- Submitting a written request for a variance to a particular rule.
- Describing the alternative proposed which will meet the intent of the rule in a different way.
- Assuring that the alternative proposed does not compromise the safety of children.
- Assuring that the proposed change is not initiated until written confirmation from the department is received approving the variance request.

If the variance is requested on a rule regarding environmental health or fire safety, confirmation may be needed from an environmental health sanitarian or a fire safety authority regarding the proposed options.

NOTE: A variance cannot be granted to P.A. 116, of 1973, as amended, because it is state law. R 400.1908 (capacity) and R 400.1913 (discipline) do not allow for a variance as noted in each rule.

R400.1963 Rule variance.

- (2) The decision of the department shall be entered upon the records of the department and a signed copy shall be sent to the applicant or caregiver. A variance may remain in effect for as long as the caregiver continues to comply with the conditions of the variance or may be time-limited.

RATIONALE:

Allows flexibility in determining the appropriateness of the duration of the variance.

TECHNICAL ASSISTANCE:

Reasons for rescinding a variance may include:

- Failure of a licensee to comply with the terms of the variance.
- The variance is no longer necessary or appropriate.